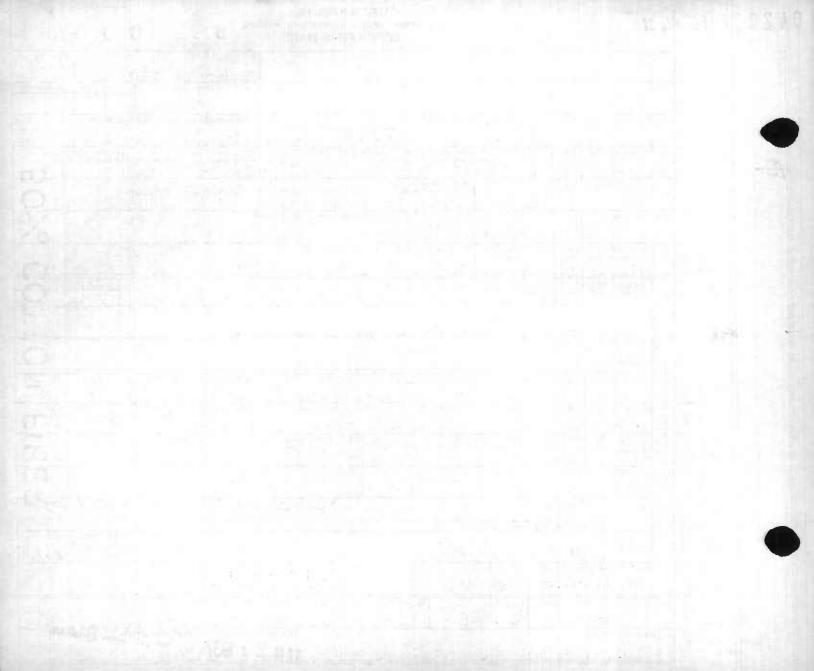
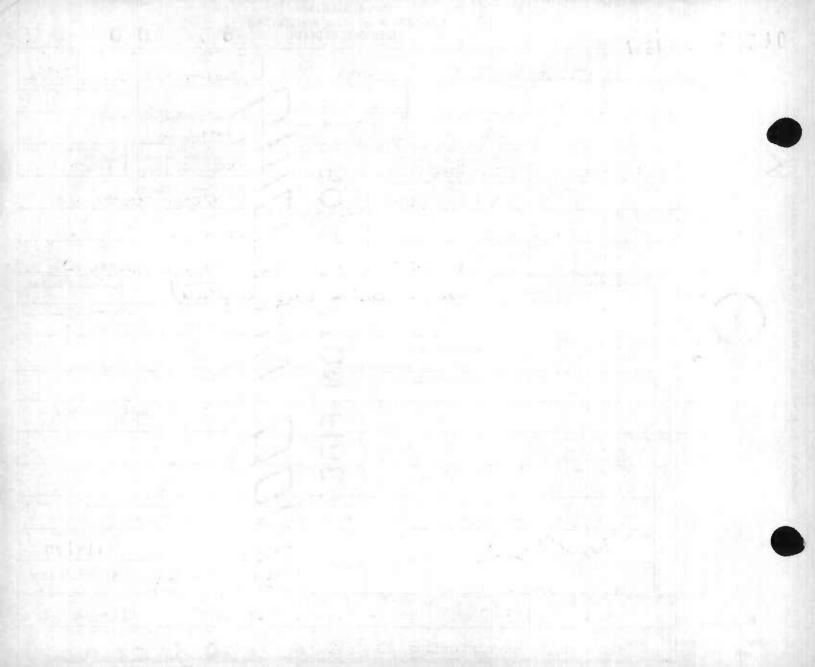
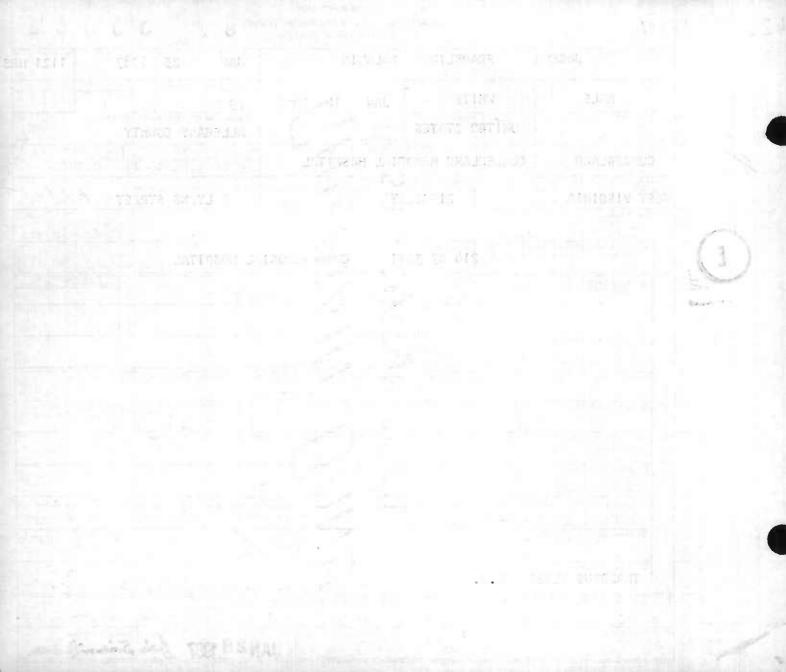
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BURIAL, CREMATION, REMOVAL	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN COUNTY STATE
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FUNERAL DIRECTOR		25a. DA	2 9 1987
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STATE OF MARYLAND 0 4 2 2 2 5 JAN 19 9 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH I. DECEASED NAME FRÄNKLIN JOSEPH. BALDWIN (TYPE OR PRINT) JAN 1121 IF UNDER 74 HPS 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER TYEAR MALE JAN WHITE 1908 POT BIRTHPLACE ASTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED UNITED STATES ALLEGANY COUNTY Maruland CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR CUMBERLAND CUMBERLAND MEMORIAL HOSPITAL Textile Division industry celanese USUAL RESIDENCE (IF NI A GO THE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY RIDGELEY 13e.STREET ADDRESS / ZIP CODE 3 LYONS STREET 13d. INSIDE CITY LIMITS? WEST VIRGINIA MIneral 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Tulia Deatelhouser John WOLPOU Baldwin ADDRESS 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT CUMB MEMORIAL HOSPTTAL-Cumberland, Md 214 07 3011 No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTY DIVISION OF VITAL 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21s PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NO! WHILE 22a.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive-or and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did/ (did not) view the body after death 22b. SIGNATURE DEGREE MEDICAL PHYSICIAN PHYSICIAN PHYSICIAN 224. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT, THADDEUS ELDER Meml. Hosp. Med. Bldge-Cumberland, Maryland 0 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Cumberland-Allegany-Maryland 1-28-87 Sunset Memorial OPark 24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGN DHMH - 16 60M 7/84 202 Greene Street-Cumberland. MD 21502 (VRA 15. 4)



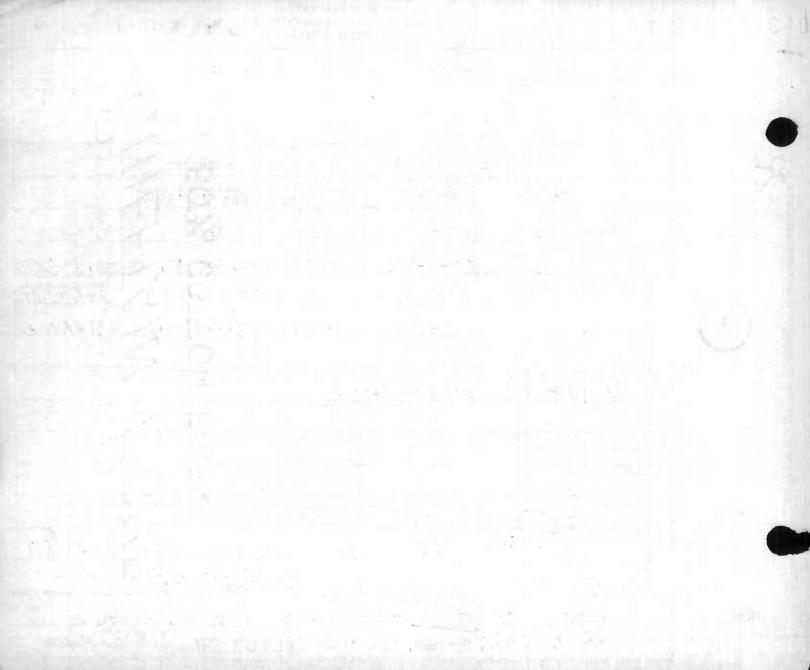
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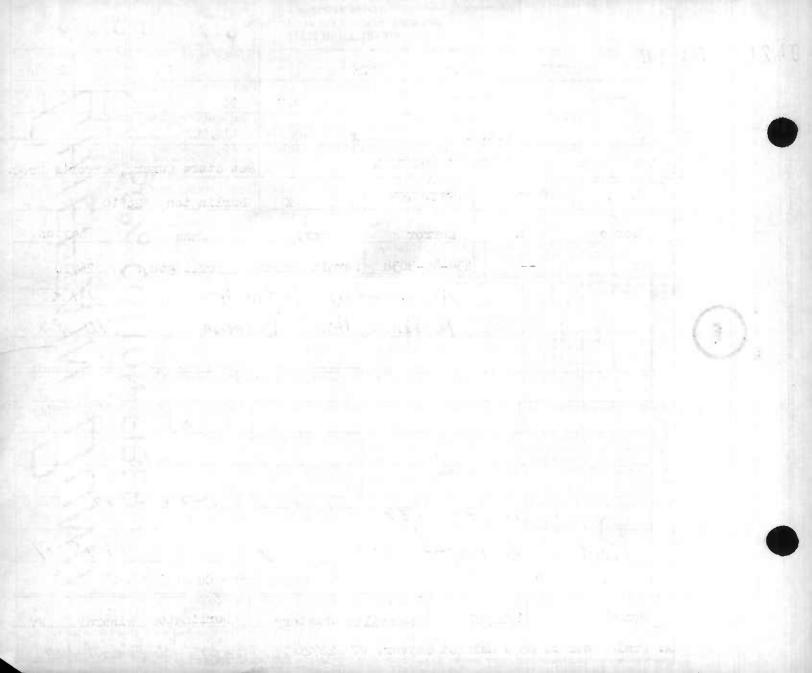
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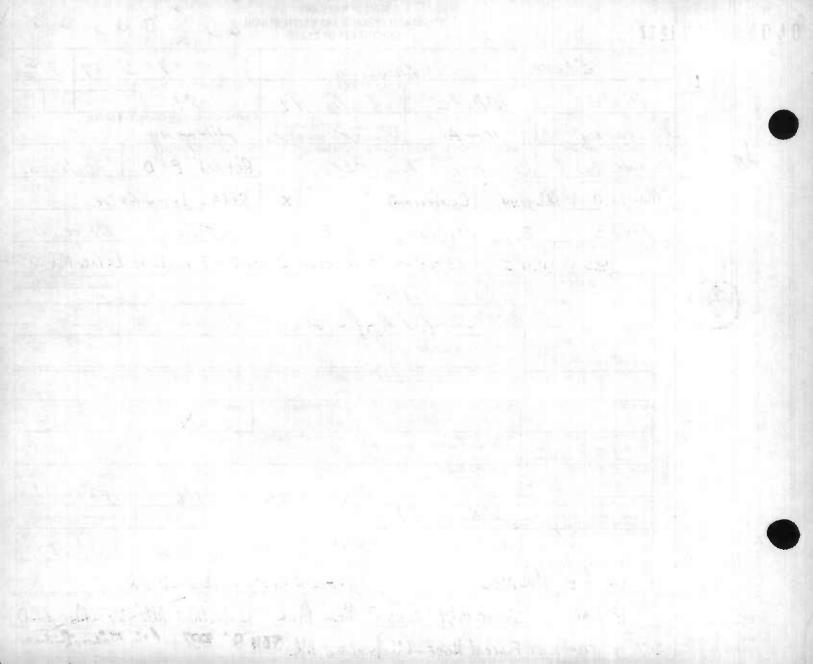
MOSIS . II. FIELD

STATE OF MARYLAND 0 4 3 4 2 8 FEB - 1 167 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 20 DATE OF DEATH MONTH DAY 2b HOUR L DECEASED NAME (TYPE OR PRINT) CARRIE BLOCHER IRENE January 28, 1987 2:30 AM 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR 3. SEX HOUR5 01/28/33 Female Caucasian BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED KNEVER MARRIED Allegany USA WIDOWED DIVORCED IN CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)
Homemaker INDUSTRY Memorial Hospital Cumberland OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS Hyndman 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Box 312/15545 XXON M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sides Walter Ella. Levdig Flora Guv 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 168 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATEST 193-36-9335 Herbert Blocher, Box 312, Hyndman, Pa 1554 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11G 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOR 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 71c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. and that ip (my) (our) apinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE TH. DATE SIGN ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be Memorial Hospital Medical Bldg. MPORT Dr. William Lamm Cumberland, MD 21502 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY STATE Burial Hyndman Cemetery Hyndman, Bedford, PA 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 14 FUNERAL DIRECTOR DHMH - 16 60M 7/84 r, Hyndinari, PA 15545 (VRA 15, 4)



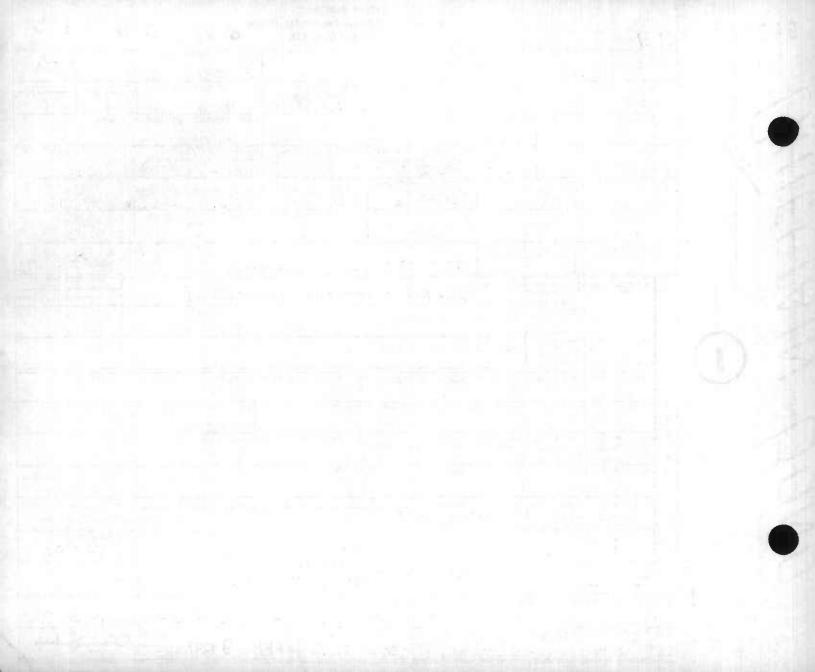


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO . DECEASED NAME LAST 20. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Steve deo 4 RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTHS DAYS Male TO BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED entuc WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR 136 COUNTY Actegan 130 STREET ADDRESS 13d. INSIDE CITY LIMITS? Rfd#2 Umberland NO X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Britton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) VERNALEE BURKETT - Johns LANE LAVALE N SETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o), DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 116 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T tronsit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d, INJURY OCCURRED 21e, PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a. | certify that (1) (this hospital) attended the deceased from _ saw the deceased olive on_ and that in (my) (our) apinion death occurred on the date and haur and from the causes stated obave, (1) (we) (did) (did not) view the body after death. 225. SIGNATURE DEGREE * ATTENDING MEDICAL STAFF be deto PHYSICIAN PI DIRECTOR PHYSICIAN FUNERAL MPORTANT. 224. PHYSICIAN'S NAME (DIPE OR PRINT) 22e ADDRESS should be Memorial Hosp - Cumberland Md 23d LOCATION 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE BP. rack 250 DATE REC'D. BY REGISTRAR 256. 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 100x-MERRITT FUNERAL (VRA 15, 4)

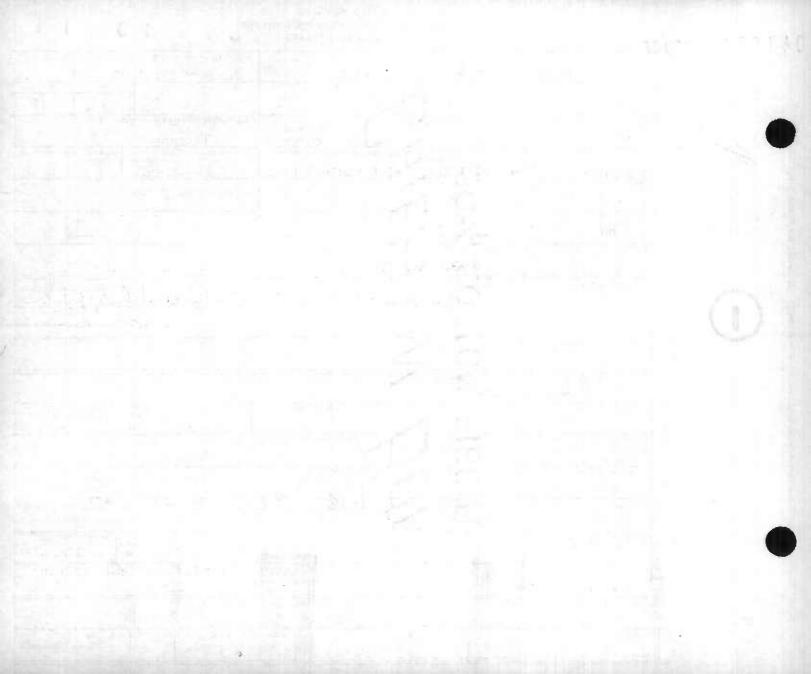


0 4 1 4 2 4 JAN 21 BFRATE STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME FIRST (TYPE OR PRINT) WILLIAM 20. DATE OF DEATH MONTH Brodie 13. 1987 Jan 24 1906 IF UNDER 24 HRS 6 AGE (IN YEARS LAST BIRTHDAY) 3. SEX White 80 Male THE CUTTEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED NEVER MARRIED Allegany WIDOWED DIVORCED [11 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION Lonaconing (Beer wood street DDRESS) Retword Toe or The tel Housing Co. USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. SIMO 134 PLANTAGE Beechwood St 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? YES X NOF 15, MOTHER'S MAIDEN NAME Andrew Brodie McKinmon MIDDLE Christine MIDDLE 17 INFORMANT 213-09-7332Doris Ann BittnerBox 194, Corngansville ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? TYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) none 18 CAUSE OF DEATH (Enter only one cause per line forya), (b), and (c), 1 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUF TO OR AS A CONSEQUENCE OF Lucdenum MIMM Conditions, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lice 206 IF YES, WERE FINDINGS LISED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [NO [710 ACCIDENT WAS UNDERLYING 71h. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN (AT HOME STREET, FACTORY OFFICE, FARM ETC.) NOT WHILE Une 220.1 certify that (1) (this haspital) attended the deceased from, del (and that in (my) (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an above, (I) (well-total) (did not) view the bady after death 226 SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Frostburg Mem. Park Frostburg Allegany Md Alegany 236 BURIAL CREMATION, REMOVAL 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Eichhorn-McKenzie, Lonacoming, Md. 21539 (VRA 15, 4)

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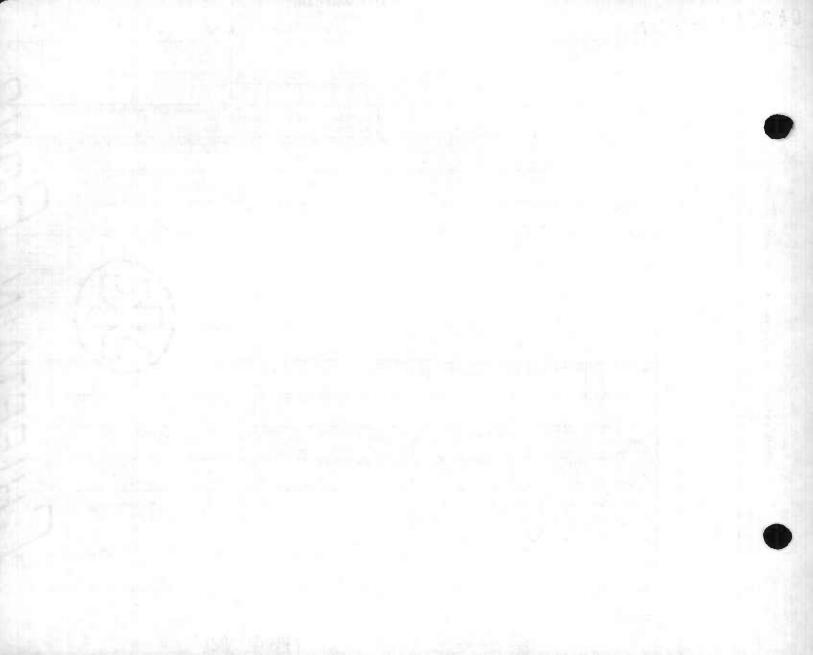


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	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the conficent cent be executed within 24 hour rate this certificate has been signed by the critical practical mode completely filled in the as the buriol-transit permit. Then please remits consciound provides a land 2 should be full than Amental Hygiene prior to buriol, crematic and continue and service		PART I. DEATH WA	S CAUSED I	BY:	line far (a), (b),	ond ici.	Anni	1.0	An (1)) !	A FIWEEI	NONSET AND DEATH
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(VRA 15, 4)		SILCOX-MERR	ITT F	UNERAL	SERVICE	E CUMBE	RLAND MAI	RYLAND	121 150	0	a conden	Section 1



043081 FEB DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN K 7h HOUR (TYPE OR PRINT) John DEATH MATED Parks Clark 30/19 87 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR 5:38 DATE LAST BIRTHDAY) PRONOUNCED White Male. - 15-55 DEAD 31 30/19 87 PM Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED XX FOREIGN COUNTRY) U.S.A. New York WIDOWED [DIVORCED Allegany County O. CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 128 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Enginee IF NOT IN SUCH FACILITY GIVE STREET ADDRESS Manufactur. Luke City Westvaco Plant ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 1136. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Marvland Box 82B Swanton NO TX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lewise Clark Clark John Parks Barrie 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 4199REE. Main Street Mrs. Barrie Clark Williamson, NY 14589 NO 107-50-1231 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Blunt Trauma to Chest OR REMOVAL MMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19s. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES IX 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 15 to 18 YEAR OF THE THE THE TOTAL THE TOTAL TOT X OR HOUR A.M. MONTH DAY YEAR 30/19 87 that collapsed pinning him beneath it. CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED THEET, FACILIRY, FARM, ETC.) WHILE IX NOT WHILE Westvaco Plant, Luke City, Allegany, Md. blant 27a. Lenetil ans described obove, held an death willted from Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOU TO FUNERAL DAFTER DEATH, BALTMORE, M 2/1/87 Chief SIGNATURE MEDICAL EXAMINER EXAMINER'S MALME John E. Smialek, M.D. 111 Penn St. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY MD HAMPSTEAD 02-02-87 CARROLL CREMATION SERV CREMATION 07/84 BP 25M 24 FUNERAL DIRECTOR 250: DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** HATGHT FUNERAL HOME SYRESVILLE, MD 21784 (VR A15 ME (5))

STATE OF MARYLAND

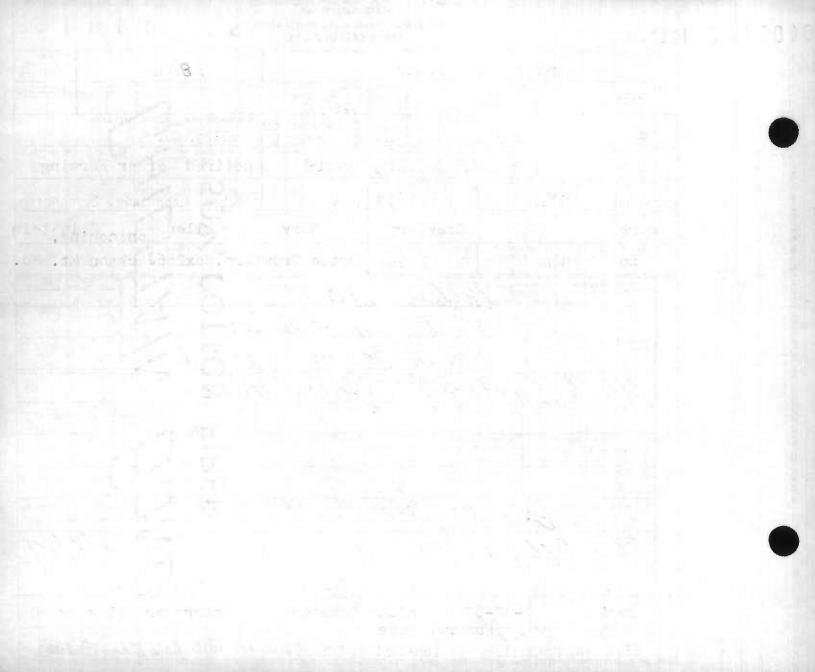


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Baltimore Ave. Cumberland, MD 2150





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A H H H		Mas	Maye	eno	1	PHYSICIAN	DIRECTOR PHYS	CIAN	1/3	181
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TO HOSPIT. TO FUNER. Should be dwith the Sign	L		Dh. M.D.			48 Tarn '	Terrace, Fro	stburg,	MD 215	32
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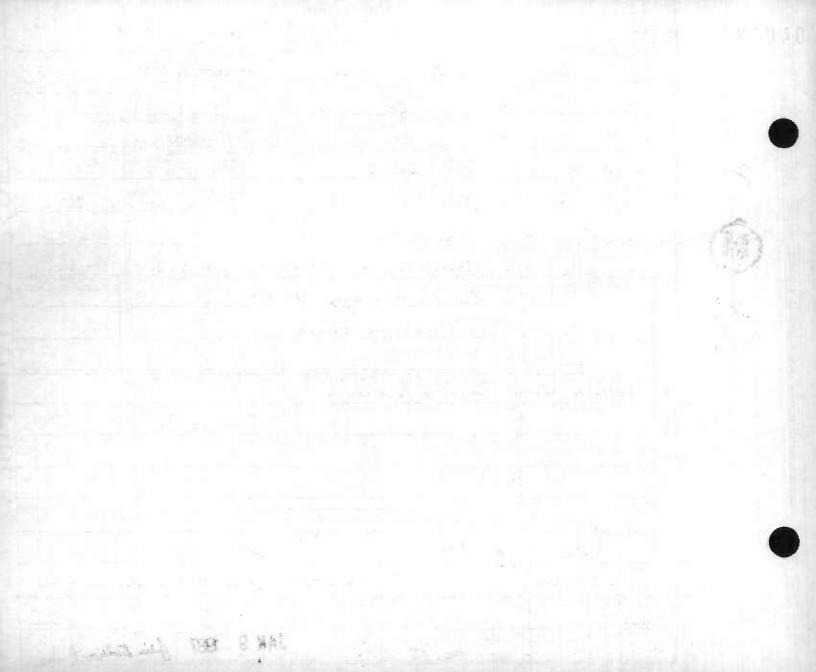
230. BURIAL, CREMATION, REMOVAL

23b DATE

202 Greene Street-Cumberland. MD 21502

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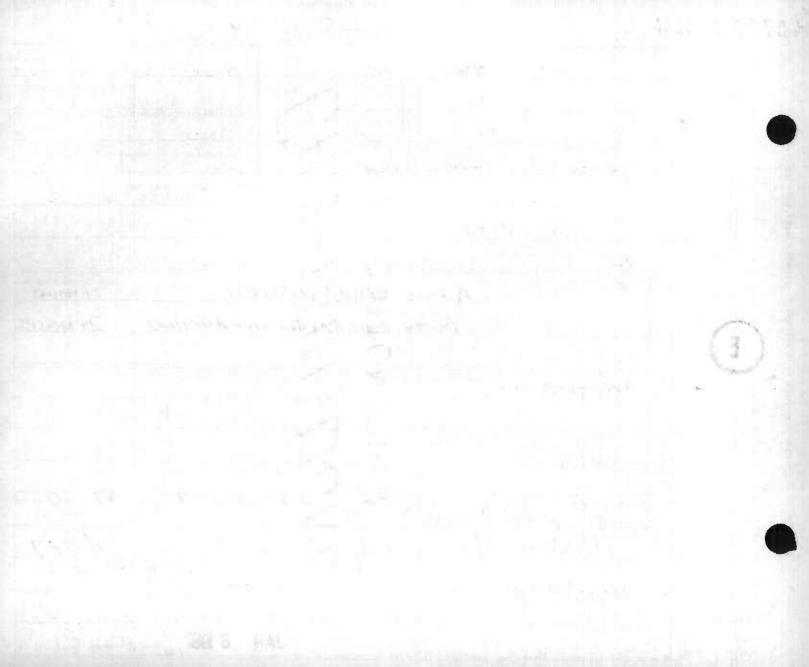
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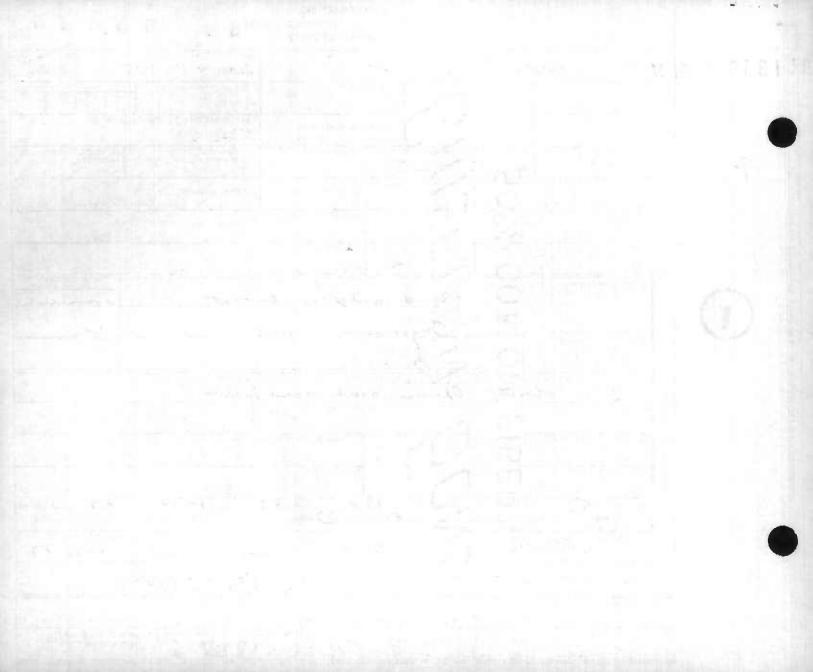
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pog er de	3. SE		4 RACE	5. DATE OF BIRTH	January 8, 1987 1:55A
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PHYSICIAN: The low requires that the death certifica riding physicion. This certificate has been signed by the attending physicion. Then please remove cortex and Amental Hygiene prior to burial, cremation, or remote to term 18 shows any injury, ar other troumation.	MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PARTS THER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN 21d, INJURY OCCURRED	DUE TO, ON THE CONSEQUE (b) DUE TO, ON THE CONSEQUE (c) CONDITIONS CONTRIBUTING TO THE CONTRIBUTION FOR WHY ALL HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED AY YEAR 19 211 LOCATION	RMINAL DISCASE OR CONDITION GIVEN II) ANT 110 200 AUTOPSY? YES NO YES NO JURED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) CITY OR TOWN COUNTY STATE
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TO HO retaine	23 a.	V. Rual Feli	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	Walsh Road, Cumberland, MD 21
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO Estrella LAST 28 DATE OF DEATH MONTH I. DECEASED NAME :00 **ISABELLA** January 12, 1987 FERGUSON 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5 DATE OF BIRTH IF UNDER 24 HRS. 3 SEX MONTH 1929 Female Black Dec. TO BIRTHPLACE ISTATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Allegany Virginia U.S.A. WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cumber land Housewife . USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
13b COUNTY
13g, CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Allegany Cumberland YES T NO 24 Ridgeway Terrace 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Thomas Benjamin Ames Matina McCarter 166 SOCIAL SECURITY NO 17 INFORMANT 214-28-1465 Sileatha Ann Ferguson No same as 13a-e 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BYbaders ulmos IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20s AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINERS P.M. 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify tho (1) this haspital) attended the deceased from, sow the deceased of the on obove (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Dr. Anthony Bollino 955 Frederick Street Cumberland, MD 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY cremation 12/16/87 Resthaven Crematory Frederick Frederick 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Leasure-Stein Funeral Home, Inc DHMH - 16 60M 7/84 lia Dinding Rasa (VRA 15, 4) 230 Baltimore Ave. Cumberland, MD 21502



Boals Funeral Service Westernport, Md. 21562

DHMH - 16 60M 7/84

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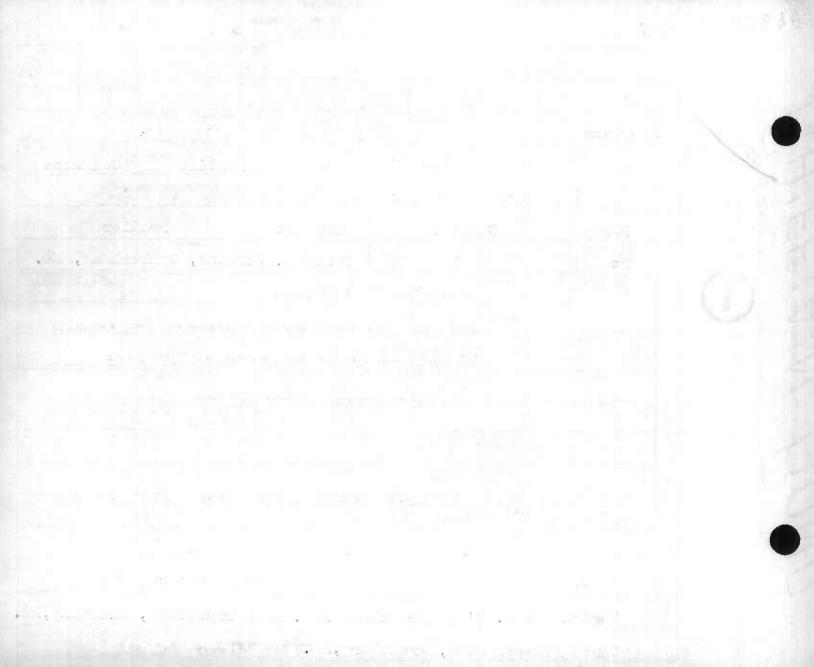
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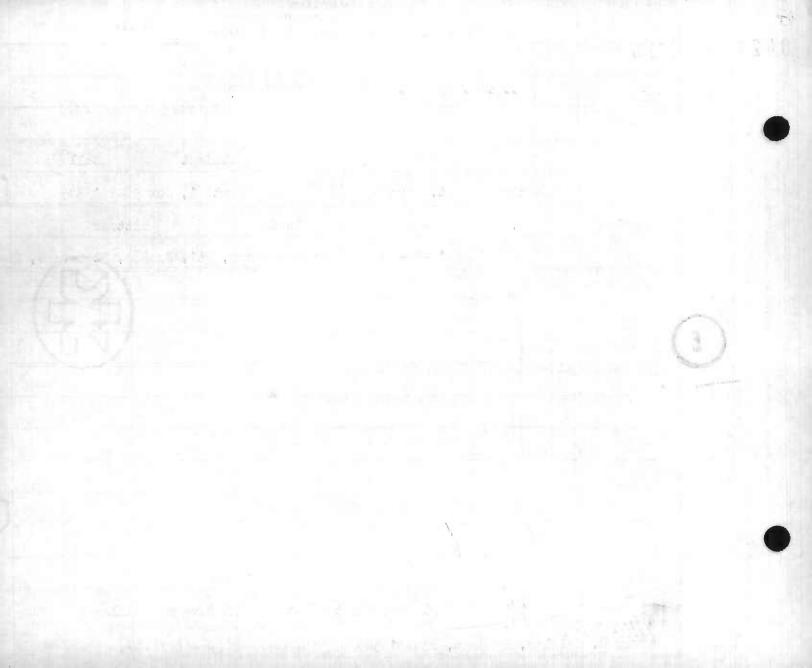
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(VRA 15, 4)

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECTASED NAME MIDDLE DATE KNOWN TO S NECESSARY, PLEASE FLANERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS WA PRESTON STREET, DEATH MATED LONNIE WAYNE **GEARY** -17-87 19 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 18 yrs. PRONOUNCED 1 - 17 - 87:46a W Male DEAD Th CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X USA DIVORCED Allegany County IO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1126 KIND OF BUSINESS College Student Z BO The Memorial Hospital Cumberland 13d. INSIDE CITY LIMITS? Route 1, Box 98B Allegany Mt. Savage NOX IN FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles Gloria Bittner Geary 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 216-74-6488 Charles Geary, Rt1, Bx 98B, Mt Savage, MD no CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH BART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 710 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH driver of an auto/auto collision 21e PLACE OF INJURY (AT HOME 21f. LOCATION Rt. 36 nr. Rt. 47 Barrellsville, Maryland STREET, FACTORY FARM FTC) WHILE AT WORK hawy. Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection Accident X death resulted from: Natural gauses Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE DATE SIGNED 1-17-87 M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME Gregory R. Kauffman, M.D. ADDRESS 111 Penn Street 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 13s BURIAL CREMATION REMOVALED DA STATE Burial Mt Savage Methodist Cem Mt Savage Allegany 07/84 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Zeigler, Hyndman, PA 15545 (VR A15 ME (5))



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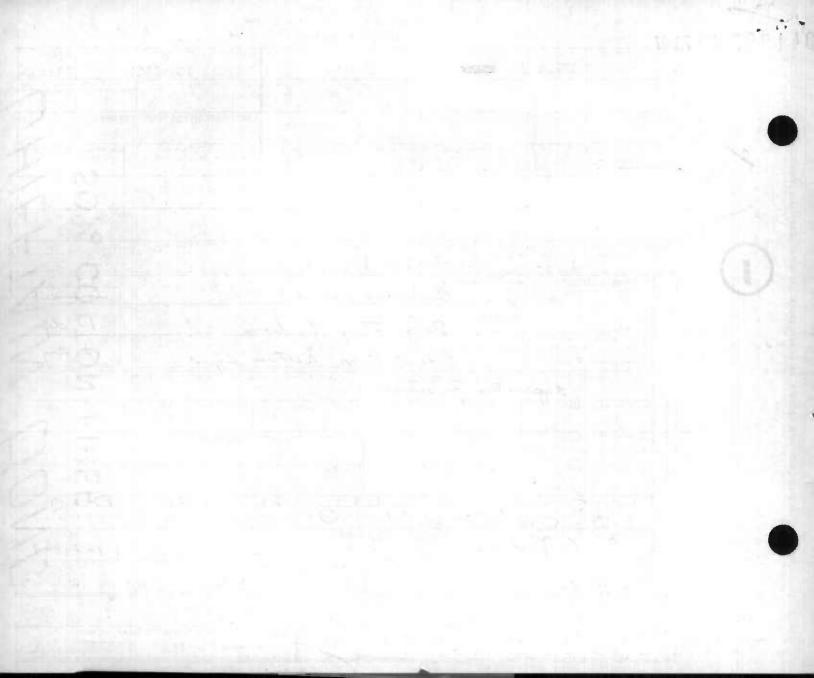
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH Arnita 26 HOUR (TYPE OR PRINT) CATHERINE HAMILTON JANUARY 20, 1987 11:45PM 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 5 DATE OF BIRTH MONTH DAY YEAR Female Black June 1949 TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED DIVORCED Allegany 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR MEMORIAL HOSPITAL TTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY CUMBERLAND Housewife. USUAL RESIDENCE | IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Maryland Allegany Cumberland 323 Independence 21502 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Walker, Si Blanche Lester Bates 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDR524 Bedford Street 17 INFORMANT LYES NO OR UNKNOWN 220-52-9382 Cumberland, MD No Blanche P. Walker 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: egymole IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 270.1 certify that (1) whis haspital) attended the deceased from sow the deceased alive an above, (I) (we) (did) (hid not) view the body after death and that ig (my) (our) opinion death occurred on the date and have and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN - DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 1935 Frederick ST ld b MPORT DR. BOLLINO Cumberland, Maryland 21502 236 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY 1/23/87 Burial Woodlawn Cemetery Cumberland Allegany MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leasure-Stein Euneral Home, Inc. DHMH - 16 60M 7/B4 (VRA 15. 4) 230 Baltimore Ave. Cumberland, MD, 21502



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE KNOWN TO MONTH 26. HOUR LIVEE OR PRINT OF ESTI-Harris Margaret Sarah 4, RACE 3 SEX S. DATE OF BIRTH 6 AGE IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE Nov. 2,1899 PRONOUNCED Female White DEAD AM BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland Allegany WIDOWED K DIVORCED II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION ITYPE OF WORK 126 KIND OF BUSINESS or industry Homema ker Frostburg USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? St., 21532 Frostburg Allegany Maryland NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Carter Humphrey Pheebe Evan 16h SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS Mrs. Idelma Blocher, Same as 13e 219-03-9654 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cardiac arrest sudden IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Chronic congestive heart failure vears gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. Hypertensive cardio vascular heart disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION secondary to active pentic ulcer 19 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 EXECUTE THE CERTIFICATE, WRITING THE WAGE 4 SHOULD BE FORWARDED TO THE TO FUNRAL DIRECTOR: PAGE 3 SHOULD BE TREPEDENT WITH THE STREET DEPARTMEN BATTMORE, MARYLAND, 21201 BRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY TATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY STATE 27a. I certify that I took charge of the remains described above, held on Autopsy death resulted from: Natural causes Homicide _ Undetermined manner TITLE (SPECIFY) ACTUAL 1/24/87 Dotv SIGNATURE MEDICAL EXAMINER SIGNED. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS Mamoria 7 Hoen Cumb n. sno 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) Davidera Funeral Home. Frostburg.

STATE OF MARYLAND

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24 FUNERAL DIRECTOR (VRA 15, 4)

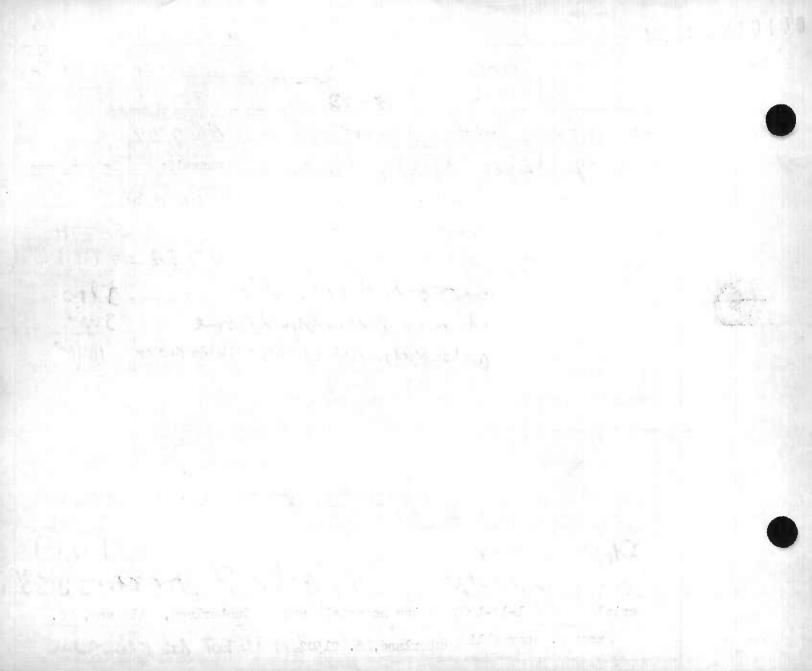
230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

270 DATE -87

Frostburg Mem. Park Frostburg Allegany Mdate 250, DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

1612 Test 2

					STATE OF MARYLAND		
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0 7 1	U I O JAN	12	REGISTRAR		CERTIFICATE OF DEATH	8 REG. NO.	0 0 0 0
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	Po Po	3 SE	X	4 RACE		6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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NE.	ond cor		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	Md:
TIMORE, MARYLAND	Pog Ped	1	YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	-9475 gimmy 50	with Hig Box.	219 Cumberland
H	De Sor		18 CAUSE OF DEATH (Enter and	y one cause per line for (a). (b), a	nd ic		APPROXIMATE INTERVAL AFTWEAN ONSET AND DEATH
8	[Mar		PART I. DEATH WAS CAUSED	BY: E CAUSE (a)	who who	hir	3 WOOD TO
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30	1 11 1		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART III
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8	1 111 10	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
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-	of the state of th		sow the deceased alive on above, (1) (we) (did) (did not	view the body after death.	3.7, and that in (my) (aur) apinian	death occurred on the date and hou	
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	DHMH - 16 60M 7/84	24 F	NERAL DIRECTOR	Scarnelli a work	25a DA	TE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	w rec	prior t	CERTIFICATION	190 DATE OF OPERAT	ION	19b. COND	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YE	S. WERE	FINDIN	NGS USED
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	5 5 5	5 3 ₹	23a. E	URIAL CREMATION.		23b. DATE	23	NAME OF C	EMETERY OR CREMA	TORY	23d LOCATION CITY OR TOWN		J		
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(TYPE OR PRINT)

3. SEX

FIRST

VIOLET

4 RACE

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENI
CERTIFICATE OF DEATH

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DEPARTMENT OF HEALTH AND MI	ENTAL HYGIENE
CERTIFICATE OF DE	ATH

	CERTIFICATE OF DEATH	B REG. NO.	U	~1 1
NIA	LAST	20. DATE OF DEATH MONTH DAY	YEAR	2b. HOUR
MIM	HOUSEHOLDER	January 13, 1987		3:20 A
	5 DATE OF BIRTH	A AGE LIN YEARS LAST BIRTHDAY) IF UN	DERLYEAR	IF UNDER 24 HRS

FEMALE		WHITE	JUNE	12	1909	77	YRS	MONTHS	DATS	F
a. BIRTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED [NEVER	MARRIED -	9 BALTIMORE	CITY OR COUNT	OF DE	ATH	
WEST VIE	RGINIA	USA	WIDOWED			A - ~	У			

10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Memorial Hospital LIYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Cumberland

HOUSEWIFE ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? MARYLAND ALLEGANY CUMBERLAND RFD# 8 BOX# 4 FASTMAN 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE

JEFFERSON DAVIS SAVILLE SARAH ELLEN MOREL AND ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IYES, NO OR UNKNOWN) HEYES, GIVE WAR OR DATEST 215-20-6229 NC

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). 21502 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting underlying couse

CERTIFICATION

200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | NO [21a. ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE

22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT)

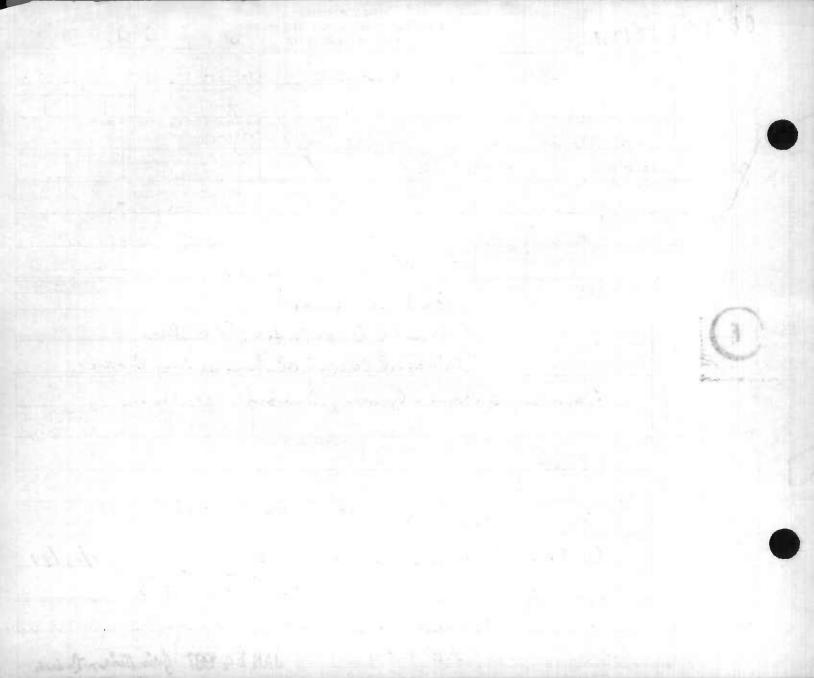
22e ADDRESS 441 N. Centre Street Dr. William Lames Cumberland, MD 21502

230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN

BURIAL CEMETERY THREE CHURCHES HAMPSHIRE W.VA 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND MARYL

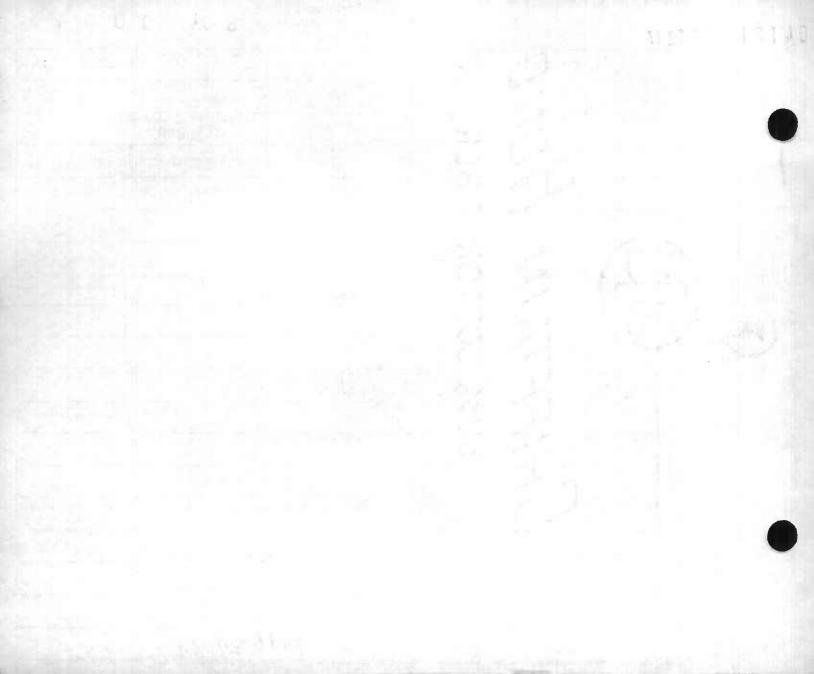
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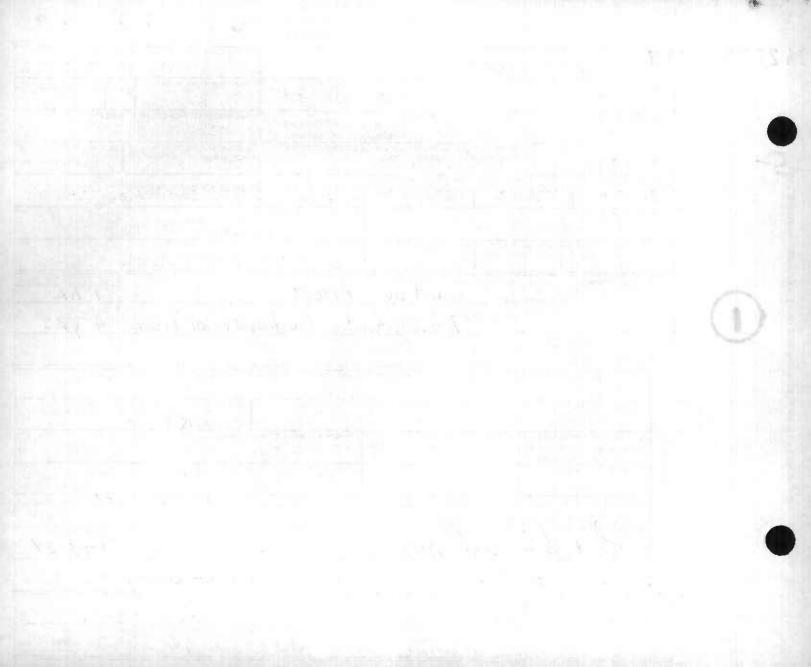


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226 Certify that (I) (this hospital) attended the deceased from 1927, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PH	I low requires the control of the co	9		Conditions, if ony, which gave rise to immediate cause ial, stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, CO T CONDITIONS C	OR AS A CONSECTION ON TRIBUTING TO	DUENCE OF	NOT RELATED TO THE TERN	MINAL DISEASE OR CON HS C.V.D. 1200 AUTOPSY?	20b. IF YES, WERE	E FINDINGS USED CAUSES OF DEATH?	
Saw the deceased alive an above, (i) (we) (did) (did not) view the body after death. Saw the deceased alive an above, (i) (we) (did) (did not) view the body after death. Saw the deceased alive an above, (i) (we) (did) (did not) view the body after death. DEGREE ATTENDING MEDICAL STAFF 1-12-8	DIVISION OF VITAL. SING PHYSICIAN: The protection of the profession of the protection of the ost the burnal-transif point and Mental Hygien narked or item 18 show	369	MEDICAL	OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	DEATH HOUR A NER) P 21e PLACE (AT HOME, S1	.M. MONTH .M. OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION	RRED (ENTER NATURE OF INJ.	URY IN ITEM 18 PART I OR	PART 2)	
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(VRA 15, 4) James F. Scarpelli, Cumberland, MD 21502	BP	2	4 FUI	Cremation NERAL DIRECTOR NAME	01-12-	1987 ADDRESS	Roseda	le Funeral C	napel Marti	256. REGISTRAR'S	SIGNATURE	WV



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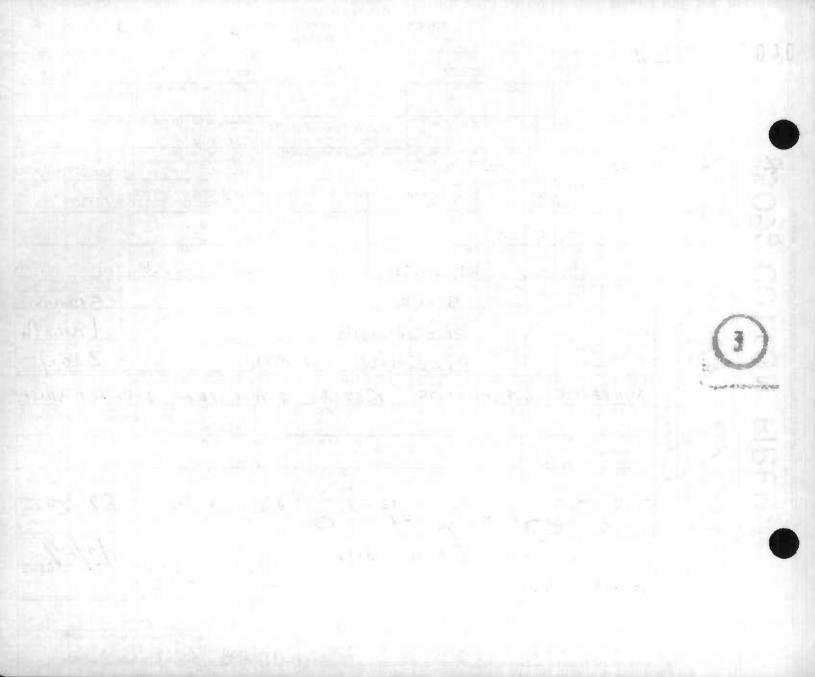
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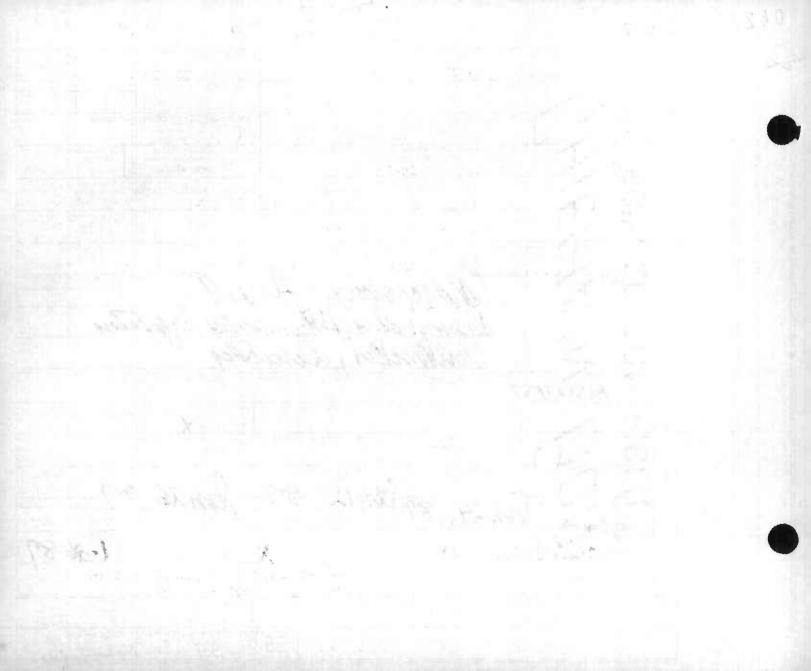
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Balto., Md.

Anatomy Board

(VRA 15, 4)



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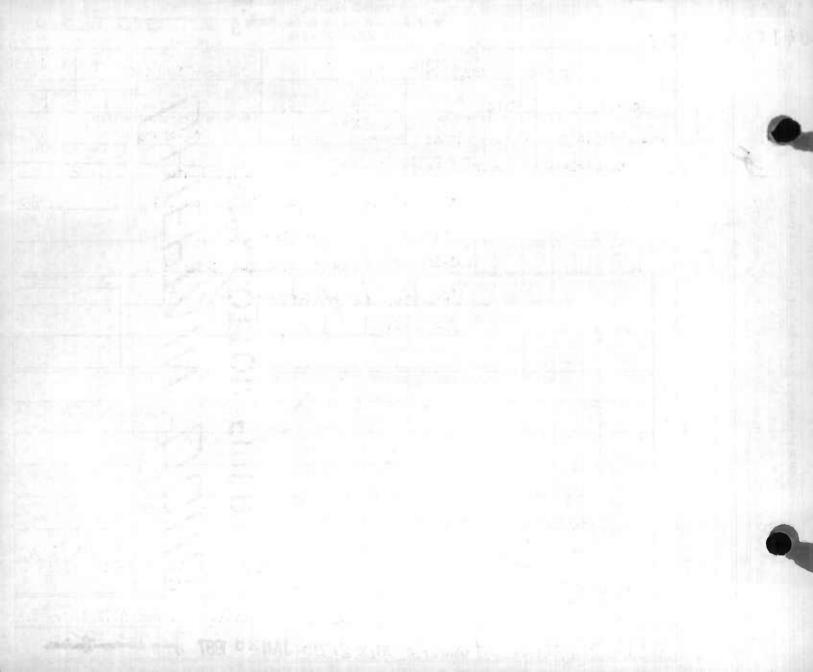
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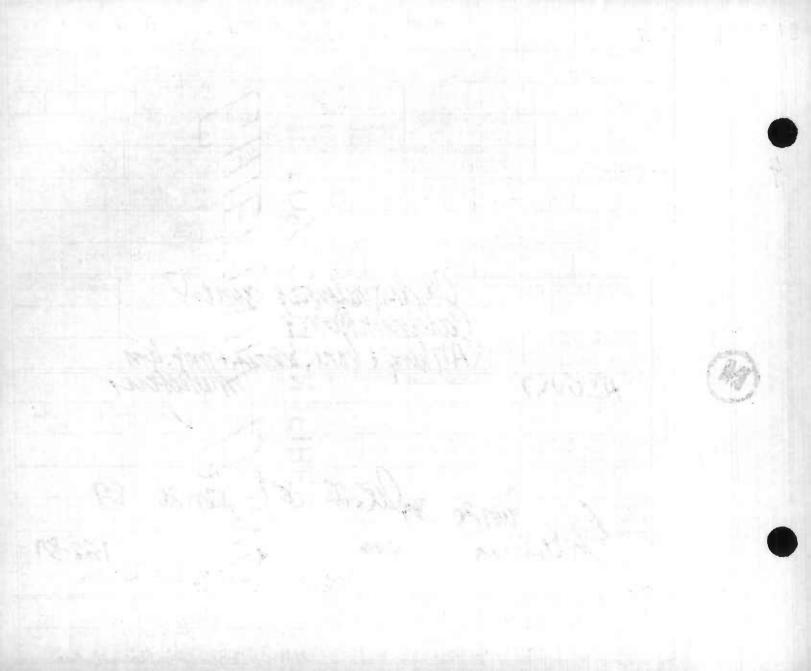
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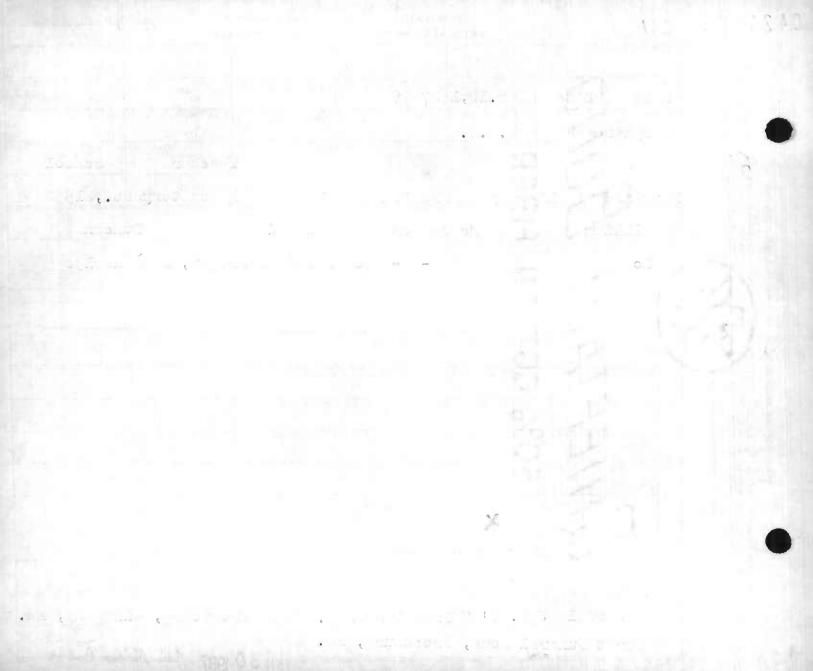
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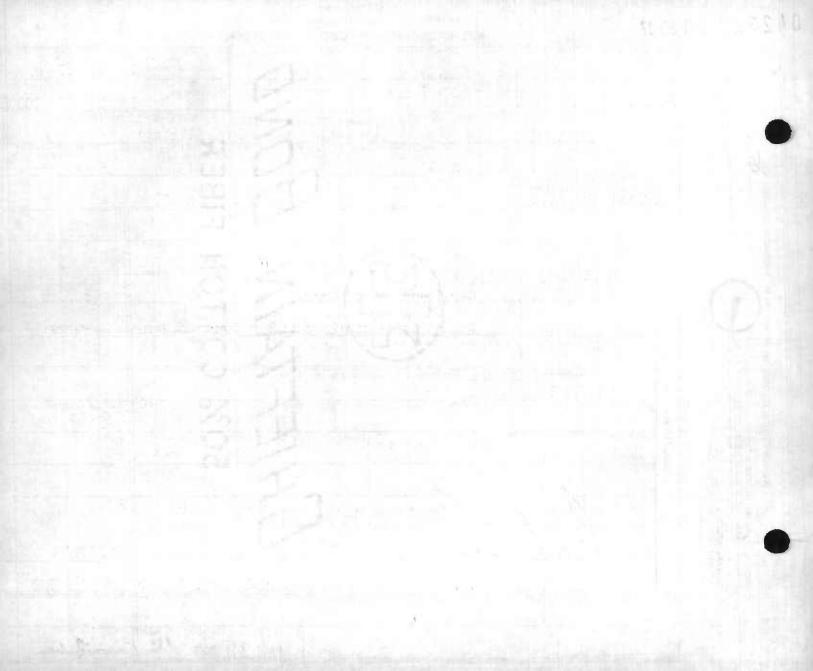




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IN THE CANAL VITH VRYL		death resulted fram:	Natural causes	Accident ,	Suicide	TITLE (SPECIFY)	Undetermined manner,	
MACHE		ACTUAL CONTRACTURE	Jano	In-			t MEDICAL EXAMINER	DATE 1-24-87
NE STATE	1	3 24 10 0 0						
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WAS PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BELLIMORE, MARYLAND, 2120		(TYPE OR PRINT)	William M.	Zane, M.	D	ADDRESS 111 P	enn St., Balto.	., Md. 21201
202749	23a.B	URIAL, CREMATION, REM				R CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
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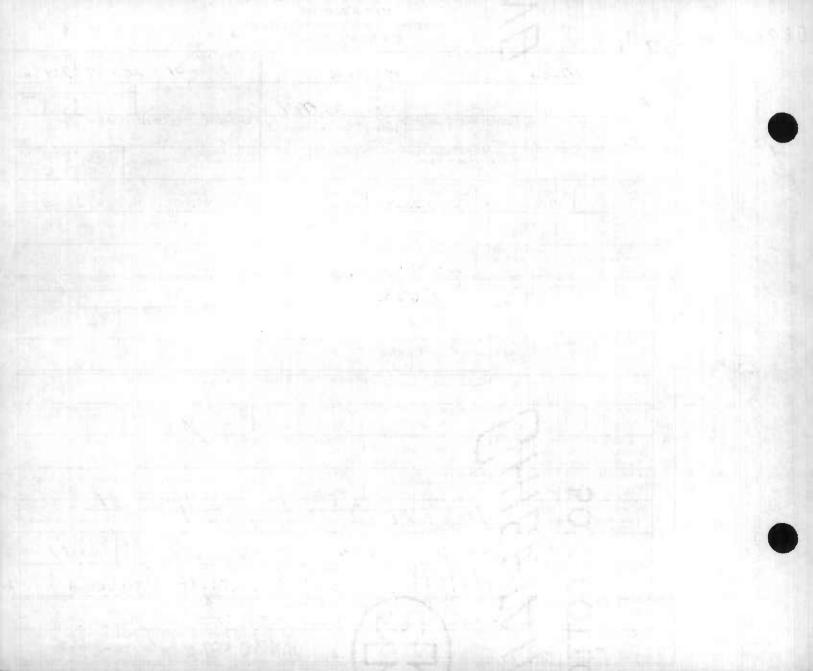
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ē 5 € 3 ₹		23a B	JRIAL, CREMATION, REMOV		23c	NAME OF	EMETERY OR CREMATORY				
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Miller of Training Property Coloradoria CA PENING THUESTON

STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN X MORRIS 2h HOUR (TYPE OR PRINT) ESTI-H. EDAY IS NECESSARY, PLEASE TO THE FUNRAL DIRECTOR.
TO THE FUNRAL DIRECTOR.
THE FUNRAL DIRECTOR.
THE FUNRAL DIRECTOR.
THE FUNRAL DIRECTOR STREET, DEATH MATED TAMES MORRISON, JR. 87 19 3. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d. HOUR 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED White Male Aug. 25 1966 DEAD 20 19 87 . CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! U. S. A. WIDOWED [DIVORCED Allegany County 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION LTYPE OF WORK 126, KIND OF BUSINESS OR INDUSTRY College Student Cumberland Memorial Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 21201 136 COUNTY 13, CITY OF TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 307 Green St. Westernport Md. Westernport YES X Allegany Md. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Joyce Strother H Morris Sr. James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO. OR UNKNOWN) James H. Morris Sr. Westernport Md. 219-98-8792 8. GIVE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wounds of head and right shoulder DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH DUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES W NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL P.M. 12-31- 1986 CONTRIBUTING CAUSE OF DEATH Subject shot. TIE PLACE OF INJURY CATHOME 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.1 STATE WHILE AT WORK road Chestnut Grove Rd. MD Garrett EXECUTE THE CERTIFICATE
PAGE 4 SHOULD BE FOR
A FOUNDEAL DIRECTOR A
A FIRE DEATH, WITH THE SHOULD BE SHOWN A
A FIRE DEATH, WITH THE SHOULD BE SHOUL Autopsy X 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Homicide X death resulted from Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 1 - 4 - 87SIGNATURE EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL THE JAMES OF CEMETERY OF CREMATORY 23d LOCATION Allegany Md. Philos Cem. Burial 07/84 BP 25M 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** Westernbort Antin Kinkon Parlace (VR A15 ME (5))

Cleared Line would be 7 Green St. Westerport Md. nontroil . Strother . Military tracked and the state of the stat . H was also beginning

2969 FEB-		FOR STATE			STATE OF MARYLAND IT OF HEALTH AND MENTAL HYO ERTIFICATE OF DEATH	0 /	000	5 7
noy be bode 3 FEB -	I. DE	TREGISTRAR CEASED NAME FIRS OR PRINT)	T MIDD	DLE	Mosser	REG. NO. 26. DATE OF DEATH MODE O/	- 25 - 87	26. HOUR 2:45 AM
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ber inger he mit (The Alexander) price for Light Common any injury, or other h	CERTIFICATION	gove rise to immedio couse (o), stoting the underlying couse lose PART 2 OTHER SIGNIFIC.	DUE TO, OR A		CE OF ATH BUT NOT RELATED TO THE TERM PERATION WAS PERFORMED	20a AUTOPSY? 20	ION GIVEN IN PART 1	NGS USED
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MG PMP the this of the build the and M arked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FARM	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
OR ATTEND * hospital of DIRECTOR, or ched for use Dept. of New 1 in mem 2 in m		22a I certify that (I) (this sow the deceased ali above, (I) (we) (did) (a 22b, SIGNATURE	110	19 8	2 , and that in (my) (our) opinion DEGREE			that (1) (we) lost couses stated
HOSPITAL unned by the Sould be detailed the State		THE PHYSICIAN'S NAME	gening. H	ALM.	MO ATTENDING PHYSICIAN [DIRECTOR PHYSICIAN	auber	Paid, M
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial	01-28-19	and the second second	ME OF CEMETERY OR CREMATORY. .lcrest Burial Pa:	rk Cumberlan	d Allegan	y MĎ ^{TATE}
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNERAL DIRECTOR James F. Sca	rpelli, Cumb	perland,		3 0 1987. Julia	REGISTRAR'S SIGNA	



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	e od	e.	ſ	3. SEX			4 RACE			5 DATE O			6. AGE IN	YEARS LAST BIRT	HDAY)	F UNDER 1 YE		DER 24 HRS
	ctor	ş o ş		Ma	le		White			Jul	. 25,	1907	79		YRS	ONTHS DAT	5 HOUR	5 MIN.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 31	by liby	Jse I. crimit oth			gave rise to imm couse (0), statin underlying couse	g the	DUE TO,	OR AS A CON	ISEOUEN	ICE OF						1		
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8	bee bee	Prio Prio	3	CAT	19a DATE OF OPERAT	ION	196 CON	DITION FOR V	WHICH O	PERATIO	WAS PERF	DRMED	200 AUT	OPSY?	206. IF YES,	WERE FIN	DINGS U	SED
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	Te Te	₩ 3 ₹7			URIAL, CREMATION,	REMOVAL	236. DATE		23c. NA	ME OF CI	METERY OR	CREMATORY	23d LOC			COUNTY	77.0	STATE
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	DHMH - 14	5 60M 7/84			NERAL DIRECTOR			•				250. DAT	E REC'D. BY	REGISTRAR	Sh REGISTR	AR S SIGN	ATURE	
		15, 4)		W	illiam G	. Ki	ght C	umber	lanc	M. E	D	11	IN D	190/	Gilla	el serci	20.19	ndrak

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Laberor Hall Lond

Md Allegany Oldtown X Rt. 1, Box 199 21555

James Robert Mullensx Fammie (Teter)

Darlens Resner Oldtown, ED 21555

Burisi Jan.5,1987 Rullenax Cemetery Oldtown Allegany AD Hillian G. Richt Cumberland, AD

		1.	FOR	D	STATE EPARTMENT OF H	EALTH AND M		ENE .	A 6	A-	4
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			ECEASED NAME FIRST	MIDDLE	L)	AST		20 DATE OF DEATH	MONTH DAY	YEAR	25 HOUR
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	8 8 /	3. S	EX	4 RACE	5. DATE O		7 7 7 7	6. AGE (IN YEARS LAST BIRT		INDER I YEAR	IF UNDER 24 HRS
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			Maryland	United State	2S WIDOWE	DIVO	ORCED 🔲	Allegany (10.5	MD.
-6	1111	/	rostburg	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI Frostburg Co	NURSING HOME OF STREET ADDRESS!	lospital	NOITU	TYPE OF WORK FOR MOST OF HOUSEKES	F WORKING LIFE)	INDUSTRY Chur	F BUSINESS OR
200	3	Usi	JAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION)					Olice	CII
9	2 超 34	1 .	Maryland Al		berland	13d. INSIDE CIT	Y LIMITS?	200 N . C	entre	St.	21502
SYLA	1 100		ATHER'S NAME		LAST	15. MOTHER'S	MAIDEN NAM		-		
MA	: WI		D 13	J. Murra		Cat	herin	e	L	avin	
ORE	(20)		WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	IAL SECURITY NO.	17. INFORMAN	IT	ADDRE	55 1214	La V	Tale Av
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25	pour remains a service of the servic			ATE CAUSE (a)	e auaci	-600	near		0		
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PRES	e de on		Conditions, if any, which gave rise to immediate	(b) 1000	ance Lec	our prog	- Communication	- VINGELLA	BPV		
<u>×</u>	by the		cause (a), stating the underlying cause last	DUE TO, OR AS A CO	INSEQUENCE OF	Espec 1	him	unden	-		
S, 20	gned gned en ple buric iny, o	7	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RECATED T	O THE TERMI	LAL DISEASE OR CONE	DITION GIVEN	IN PART IId	31
OK O	requents to The or to or to y inju	P	CM8	before all	in All	iluze					
DIVISION OF VITAL RECORDS, 201	low ri bs been been been bernion	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION	N WAS PERFOR	MED	200 AUTOPSY?	10b. IF YES, W	IG CAUSES	OF DEATH?
ITAL	nysicion. reate has ronsit per Hygiene Hygiene	E	218, ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		121r HOW IN II	IRY OCCURR	ED (ENTER NATURE OF INJUR	YES [_	NO 🗆
7 ×	A d tilo E		OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MON	TH DAY YEAR			ED (ENTER NATIONE OF BASON	The Metal 18 1 Ann	000000000000000000000000000000000000000	
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۵	A A A A A A A A A A A A A A A A A A A		22a. I certify that (I) (this has			116	19 15 3	to little	19.		that (I) (we) lost
	Spito CTO CTO I for of h		saw the deceased alive of abave, (I) (we) (did) (did	not view the body after deat	h, 19 3, an	d that in (my) (a	our) opinion d	leath occurred on the do	ite and havr an	d Iram the	causes stated
	the hortected the Directed to Dept	3 6	276 SIGNATURE	1/1		DEGREE	TENDING	MEDICAL STAF	6	22c DATE	SIGNED
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8/	10 to	1	List.	AL RESIDENCE (IF NURSING	HOME OR O	SACREI	D HEAR	T HOSPI	TAL	ALI	LEGANY CO	. BOAR	D OF F	DUCATION
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YLA	4 12	01/2	14. FA	THER'S NAME		IDDLE	LA		15. MOTHER'S MAIDE	ENNAME	MIDDLE		LA	
MAR	2 13	110		CHARLES	(41)	R.	SANDE	RS	V.		JANE		McCAFF	
ORE,	90 90	dico /		AS DECEASED EVER IN		ED FORCES?	16b. SOCIAI	L SECURITY NO.	17 INFORMANT	1100	ADDR			
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¥	The cion.	u de	RTIF	West of S							ES NO	YES		NO 🗌
N Y	AN: physical fron	N N N		210. ACCIDENT WAS UNDERL		21b. TIME C		H DAY YEAR	21c HOW INJURY O	CCURRED	ENTER NATURE OF INJU	IRY IN ITEM 18 PAR	IT I OR PART 2)	
0 2	SIC SIC	Her He	ICAL	(IF EITHER, NOTIFY MEDICAL)			.M. OF INJURY	19	211 LOCATION					
DIVISION OF VIT	rend rend r this	ed or	MEDI	WHILE NOT WHILE				OFFICE FARM, ETC)	STREET		CITY OR TO	NWC	COUNTY	STATE
No.	or or Afte	mork		228 certify that (I) (th		l) attended th	e deceased	trom /2/	1/86 19		1/11	83	0	that (I) (we) last
	TEN TOR:	of He		saw the deceased above. (I) (we) (did)					and that in (my) (aur) ap	pinian death	occurred on the d	ate and haur		((-,
	or All birec	tem tem		276 SIGNATURE	(aid nat)	view the bady	atter death		DEGREE				22c. DATE	SIGNED
	he he loc	- H	8	frues?	CW	low	MD		ATTENDI PHYSICI	ING MI	EDICAL STA	FF CIAN (1)	1/2	186
	GPIT OF BY	3 X		THE PHYSICIAN'S NAME	LIME ON	PRINT)	41	= 7 = 194	22e ADDRESS					
	St. Con	# PORT		JAMES MO	EN.	M.D.			1068 NATI	ΙΔΙΛΟΤ	HIGHWAY	I /\//\ E	MD	21502
	R.F. E.S.	13/	230 E	URIAL, CREMATION, REA		23b. DATE		23c. NAME OF	CEMETERY OR CREMAT		3d LOCATION		COUNTY	STATE
	BP		10	BURTAL		JAN 5	1987	SUNSET	MEMORIAL PA		CUMBERLAN		GAINY M	ARYLAND
	DHMH - 16 6	OM 7/84		INERAL DIRECTOR			ADE	DRESS			D. BY REGISTRAR			
	(VRA 15	, 4)	S	ILCOX-MERRIT	T FU	NERAL I	HOME C	UMBERLA	ND MARYLAND	CHAIN	1987	Julia J.	cordson Y	Q. Acce

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	March 10 F	(TYPI	OR PRINT)	Mil	dred	W.	Par	ncake		OF ESTI-	01-0	7 1987	21:4
	Y, PLEASE IRECTOR. UR FILES. 12 HOURS N STREET,	i. SEX	emale	4. RACE white	5. DATE OF BIRTH	YEAR LAS	BIRTHDAY) MONT	NDER 1 YR. IF UND	DER 24 HRS. 1	PRONOUNCED DEAD	± 01-07	-87,	21.4
	NEBAL ON THE NEBAL OF THE NEBAL	7a. Bli	RTHPLACE (S REIGN COUNTRY)	STATE OR	76. CITIZEN OF WE		8. MARR	RIED A NEVER MA	RRIED	BALTIMORE CIT Allega	_	OF DEATH	MD
0	PAGE 3	ID. C1	ry or town Cumber			PITAL, NURSING CILITY, GIVE STREET AD	DRESS)	HER INSTITUTION	FOR M	ALOCCUPATION (OST OF WORKING LIFE) DUSEWIFE		or industr	SINESS
2120212	AND 3176			(IF IN NURSING HOA	AE OR OTHER INSTITUTION, GIV UNITY legany		ADMISSION)	13d. INSIDE CITY LIMITS	13e STRE	ET ADDRESS 510 Sher:	idan Pla		
RE. MD.	EST 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. FA	THER'S NAMI	E	phonsus L.	Will LAST		15. MOTHER'S MA		Catherin	e Fochtr	_{LAST}	
ALTIMO	AFTER D HYE PAG HY FORM HY FORM AGES 1.7 NSION O		AS DECEASE S, NO. OR UNKNO NO		ARMED FORCES?	216-22		Mr. Robe	ert A.	Pancake,	1		D
NST. B	HOURS M 18. G NG WIT RMIT, P ENE, DIV		18 CAUSE C PART I DI	EATH WAS CAU	only one couse per line SED BY: DIATE CAUSE (o)	for (o), (b), ond MY	ocardia	LINFABETI	ION			APPROXIMATE BETWEEN ONSE	INTERVAL T AND DEATH
PRESTOR	HIN 24 ER ALO ANSIT PE REMOVI			ons, if ony, wh	DUE TO, OR	AS A CONSEQU		ARTERY DIS	SEASE				
201 W.	N PENCAMIN XAMIN AL TE NO. OR) stoting the und		AS A CONSEQU	ENCE OF						
RECORDS.		NO	PART 2 OTHER S	IGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE OR CONDITION GIVEN II	N PART 1 (a).				
	SA S	HECAT	19a DATE O	FOPERATION	196. CONDI	TION FOR WHIC	H OPERATION V	WAS PERFORMED?				20 AUTOPSY	NO X
DIVISION OF VITAL	CERTIFICATE SH SITING THE WOR DED TO THE CO E 3 SHOULD BE E DEPARTMENT OF PRIOR TO BE	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS G OR ING CAUSE O	HOUR A.N	MONTH DAY		HOW INJURY OCCU	RRED LENTER N	NATURE OF INJURY IN ITEM	A 18 PART I OR PART	2)	
DIVISIO	SAROLX	MEDIC	21d. INJURY WHILE AT WORK	OCCURRED NOT WHILE AT WORK		OF INJURY (AT) TORY, FARM, ETC.)	HOME, 21f. LC	STREET		CITY OR TOWN	COUN	ITY	STATE
	MINER: THE HICATE, V BE FORW FOTOR: PA HITHE STA MINE STA			tify that I took ch	orge of the remains des	Accident ,	ld on Auto			Inquiry XX, ermined manner	ond in my opin	nion	
•	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PACE A SHOULD BE FO FOUNDEAL DIRECTOR AFTER DEATH WITH TO BAUTIMORE, MARYLAN		ACTUAL SIGNATURE	1:On	lua	strain	ell,	M.D. Deput	y MED	ICAL EXAMINER	DATE SIGNED	1-8-87	7
	KECUTE AGE 4 FTER DE		EXAMINER'S (TYPE OR PR					ADDRESS		ive, Cumb	erland,	MD 215	02
	BP		DECIEVI	ation, REMOVA Irial	01-10-198		Marys Co		Cun	CATION ORTOWN NDETLAND REGISTRAR [25b. R	Allegar	ny MD	TATE
	DHMH - 17 (VR A15 ME (5))	-	NAME		elli, Cumbe		MD 21502		4 10 10		LOIDINAN 33K	JATORE 3	
	15M 2/80												



41	431 JAN 2	b.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO.	000	6
			CEASED NAME	FIRST		MIDDLE	- I	AST	20. DATE OF DEATH MO	ONTH DAY YEAR	26 HOUR
	ay be	(TYP)	OR PRINT)	ERTRU	DE	L.	PA	SE	January 12	/ 1987	4:47 R
	pood a	3. SE		DICTICO	4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER I YEAR	
	A SERVICE OF THE SERV	1	Female		Whi	te	June	9, 1905	81	YRS. DAYS	HOURS MIN.
-	2 92 0	To B	RTHPLACE (STATE OR F			WHAT COUNTRY?	8.	D NEVER MARRIED	BALTIMORE CITY OR	COUNTY OF DEATH	
	1 16/18 5	1	COUNTRY W. Va.		U.S.	Α.		DIN X DIVORCED	Allegany		MD.
	12	10 C	ITY OR TOWN OF DEA	тн		HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
10	かっきもし		umberland		Memoria	1 Hospita	1		Homemake	r. INDUSTRI	
212	2 54 4	130.	AL RESIDENCE (IF NURSI	NG HOME OR	OTHER INSTITUTION	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / Z	IP CODE	1909
N N	元 龍 洋		W. Va.	Mine		Keyser		YES X NO	22 Spring		7/26
Z.C.	1 10 10	H.E.	ATHER'S NAME		MIDDLE	IAST		15. MOTHER'S MAIDEN NA	ME		451
MAR	2 40 /2/	X	J.		E. A	ronhält		Mary	I.	King	100
er,	11/12		WAS DECEASED EVER			166 SOCIAL SECU		17 INFORMANT	ADDRESS	22 Spri	ng St.
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poge 3			FIRST	MIDDLE	LAST	2a.	DATE OF DEATH MO	INTH DAY	YEAR	2b HOUR
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e execute n and ca Foges II		VAS DECEASED EVER IN U.S., ES, NO OR UNKNOWN) (IF YES YES	CONTRACTOR OF THE SHIP	SOCIAL SECURIT 218–16–40		Virginia P	lummer – Ri – Cumberla	dgeley,	WV _	niece	es
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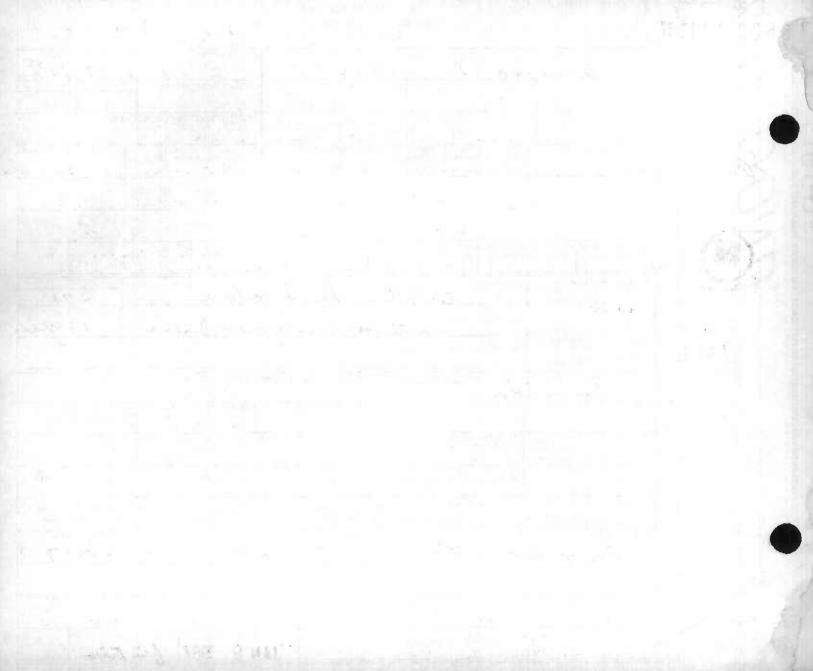
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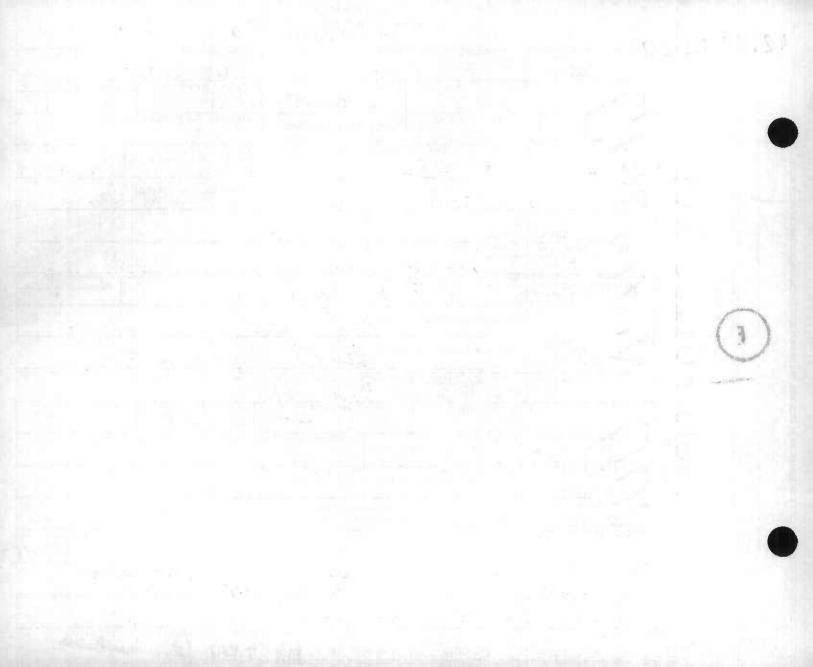
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2ª DATE OF DEATH DECEASED NAME MONTH YEAR 26 HOUR 45 TYPE OR PRINT! a & AGE / IN YEARS LAST BIRTHDAY! IF UNDER ! YEAR IF UNDER 24 HRS 3 SEX 1898 Male White April BIRTHPLACE (STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WV Allegany DIVORCED CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR INDUSTRY Rubber Worker Frostburg Village Nursing Home Kelly Springfie Frostburg 13a STATE 138.STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Cumberland 1315 Frederick St. Allegany YESX Maryland 21502 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE R. Price Price 303 ADDRES Belair Dr. 16b SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Cumberland. MD 214-07-0593 Jack Price. 21502 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY 2 100 IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NO [21m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) STREET CITY OR TOWN COUNTY 22a I certify that (I) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED THE SIGNA DEGREE ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN 22e ADDRESS ld b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23b DATE (SPECIFY) Burial CITY OF TOWN STATE Restlawn Mem. Park Cumberland George-Upchurch Funeral Home DHMH - 16 60M 7/84 Greene St. Cumberland, Maryland (VRA 15, 4)

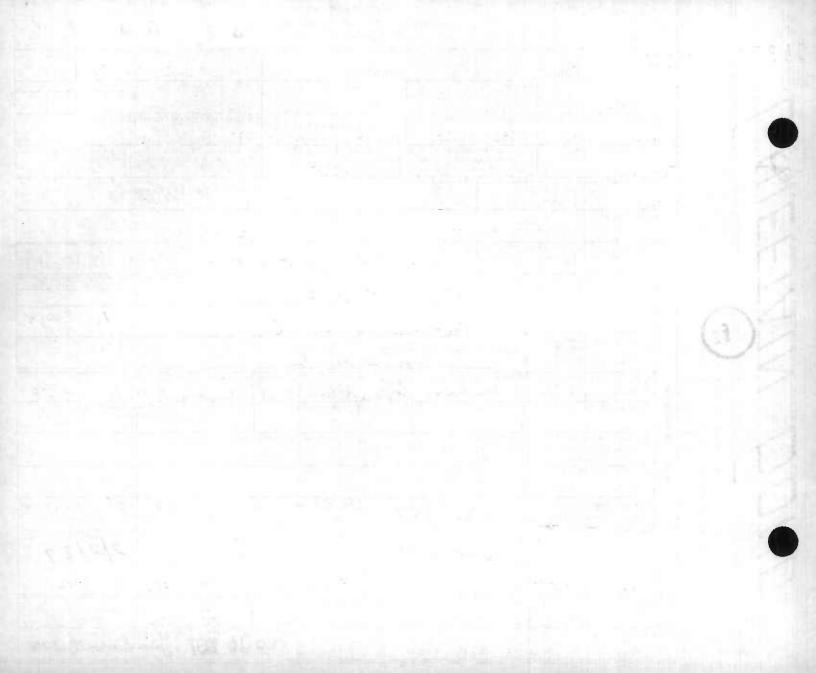




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	BP		Burial	02-02-1987	Rose Hill Cemetery	Cumberla	nd Allegany	MD
	HMH - 16 60M 7/84		FUNERAL DIRECTOR		25q-DpA		REGISTRAR'S SIGNATURE	1.0
DI	(VRA 15, 4)		James F. Scari	pelli. Cumberl	and MD 21502	000 1987	Julia Davidson Roa	dates;



STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE** STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-8 87 6:30p Edith Rice DEATH MATED DEATH. IF ANY DELAY IS NECESSARY, REASE GES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. WAR PM. 3. RETAIN PAGE 5 FOR YOUR FILES. AND 2 SHOULD BE FILED. MTH NTS THOUSE OF WITH RECORDS. 201 6:30p 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER TYR. DAY YEAR IF UNDER 24 HRS DATE BIRTHDAY) PRONOUNCED 87 76 Mar. 20, 191 White Female DEAD 70 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) W.Va. U.S.A. Allegany DIVORCED 10. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Self (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) Hairdresser Frostburg USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Frostburg Maple Dr., Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, MIDDLE MIDDLE FIRST Salvatore Mele Rosina Ruffo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMAN 324 Braddock DIVISION 77-09-6993 No Joseph Maley, Frostburg, Md. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE WATHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PRICE IN 1TEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCANG WE FOR EVERTAL DIRECTOR: PASS SHOULD BE USED AS A BURIAL- PRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT, OF HEALTH AND MENTAL HYGIENE, DBALLIMORE, MARYLAND, 21201 PGIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Carcinoma of lung IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO N 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 2Te PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORK STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE 22a I certify that I taak charge of the remains described above, held an Autopsy and in my opinion death resulted from Notural causes Hamicide Undetermined monner ACTUAL SIGNATURE EXAMINER'S NAME Giovanni Mastrangelo Seton Dr., Cumberland, Md. 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Smithsburg, Wash, Md. Smithsburg Crematory Gremation BP. 75 REGISTER SIGNAPRE 24 FUNERAL DIRECTOR **DHMH-17** Durst Funeral Homes, Frostburg, Md. (VR A15 ME (5)) 15M 2/80

7-1-1 All the part of the second of The state of the s

STATE CERTIFICATE OF DEATH B REGISTRAR REG. NO LAST 20. DATE OF DEATH MONTH 1. DECEASED NAME FIRST MIDDLE LIYPE OR PRINT death RUSSELL January 29, 1987 WILLIAM RICE 6. AGE (IN YEARS LAST BIRTHDAY) MALE 4 RACE 5. DATE OF BIRTH 3. SEX WHITE 3 1897 9. BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? COUNTRY ENNA. MARRIED NEVER MARRIED IISA Allegany WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ETTRED FARMER Cumberland Memorial Hospital MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 130. STATE ALLEGANY 13d. INSIDE CITY LIMITS? HEFTER ADDRESS #IP CODE MD. 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME THOMAS EMMA RICE **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT IYES, NO OF UNKNOWN) ZELLA PEARL RICE RFD# 1 BOX# 191 FLINTSTONE HE YES, GIVE WAR OR DATES) 199-05-7136 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUÊNCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20a AUTOPSY? 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NO bunal-transit p Mental Hygien 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION ö CITY OF TOWN the bud AT HOME, STREET, FACTORY, OFFICE FARM ETC 1 NOT WHILE 220.1 certify that (1) (his haspital) attended the deceased fram, saw the deceased alive above, (did) (did not view the body after death and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN ATTENDING FUNERAL I MPORTANT

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

0

BP.

FOR

ISPECIF BURIAL

236. DATE

Cumber (AND)

Dr. Anthony J. Bollino

22d PHYSICIAN'S NAME (TYPE OF PRINT)

23e. BURIAL, CREMATION, REMOVAL

23t. NAME OF CEMETERY OR CREMATORY 23d LOCATION SUNSET MEMORIAL PARK

270 ADDRESS 955 Frederick Street

Cumberland, MD

CUMBERTAND ALLEGANY MARYLAND DEEPER BY REGISTAR 256 SEGISTRANS SIGNATURAL AND

YES T

COUNTY

224 DATE SIGNED

130187

STATE

26 HOUR 9:00

IF UNDER 24 HRS.

126. KIND OF BUSINESS OR

IF UNDER 1 YEAR

INDUSTRY

21530

KNIGHT

P. M

The state of the s

VOIDED DEATH CERTIFICATE NUMBER

87-00076

See late 86 deaths for Eugeniusz Marion Rezezak



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	2 8 FOR BATATE PREGISTRAR		DEPARTA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. N	0 (0 0	11	
ì	I. DECEASED NAME FIRST		MIDDLE	- L	AST	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR4	Ι
1	EVELI	NE	В	SCHA	EFFER	January 4	, 1987		P.	M
1	1 SEX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BI		ONTHS DAYS	IF UNDER 24 HI HOURS MI	
1	Female	White		Sept.	. 28, 1905	81	YRS.	DAYS	HOURS MI	Ν.
d	BIRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED	9 BALTIMORE CITY	R COUNTY C	OF DEATH		
S	Massachusetts	U.S.A.		WIDOWE		Allega	ny			MD.
7	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT ITYPE OF WORK FOR MOST (Lab Tech.	ON OF WORKING LIFE)	126. KIND C INDUSTRY Pharm	Merch 8	⊋R *
1	Cumberland UAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE			Lub recht.		III TEWEIII	• 1 66	<i>)</i> .
Ś	West Virginia Mo	rgan	Paw Paw	И	YES NO X	P.O. Box		25434	999	19
-	14 FATHER'S NAME FIRST	WIDDIE	LAST		15 MOTHER'S MAIDEN NA	WE		LAS	17	6
4	Louis	B	Buckley		Charlotte			lann		
5	160 WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS	TETS!		
۶	(IF YES, GIV		145-14-	2059	Richard Scho	reffer, Ir.	Same	as #1:	3 above	2
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	MCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVE	N IN PART 10	a	
1	190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	206 IF YES, IN CERTIFY! YES		NGS USED OF DEATH?	
Š	OR CONTRIBUTING TO CAUSE OF DE		FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PAR	RI I OR PART 2)		
	(IF EITHER, NOTIFY MEDICAL EXAMINE		M.	19			5-87	200		
	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION	CITY OR TO)wn	COUNTY	STATE	
	27a I certify that (I) (this hasp saw the deceased alive so abave, (I) (we) (did (did po 27b. SIGNATURE	1/2	19_8		nd that in (my) (aur) apinian DEGREE	death accurred an the d	ate and haur			
	THE	las	^	W		DIRECTOR PHYSI	CIAN	1/	5/86	
	220. PHYSICIAN'S NAME (TYPE O				27e ADDRES Memori	al Hospital rland, MD 2		al Bui	lding	
1	Dr. T. Elde		1 23 c N	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	.1002			_
	Public P	1/7/9			Pag/ Nam Dh	CITY OF TOWN		COUNTY	AL T STATE	

DHAMM 10,0000 7/84 (VRAFIS, 4)

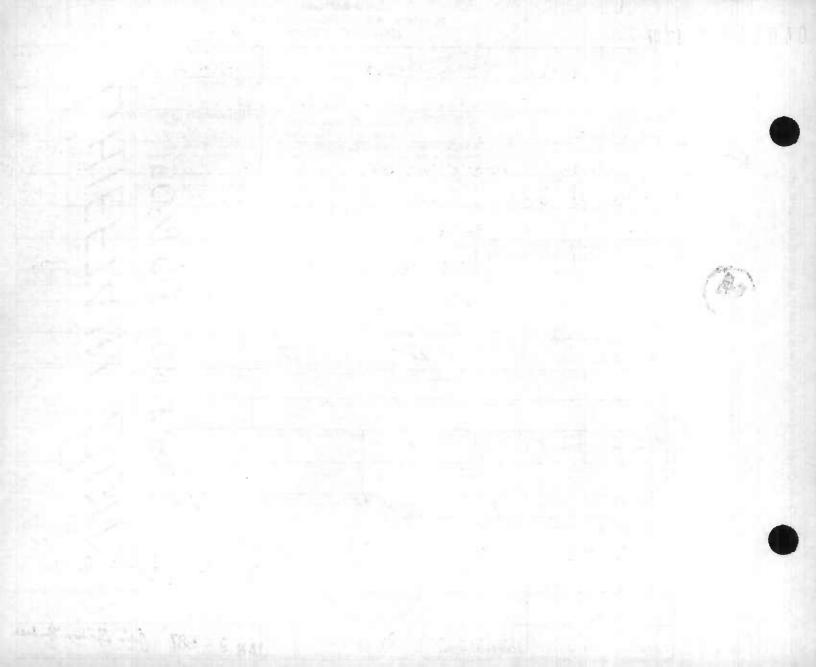
Burial

23b. DATE 1/7/87 231 NAME OF CEMETERY OR CREMATORY Cloverleaf Mem. Pk.

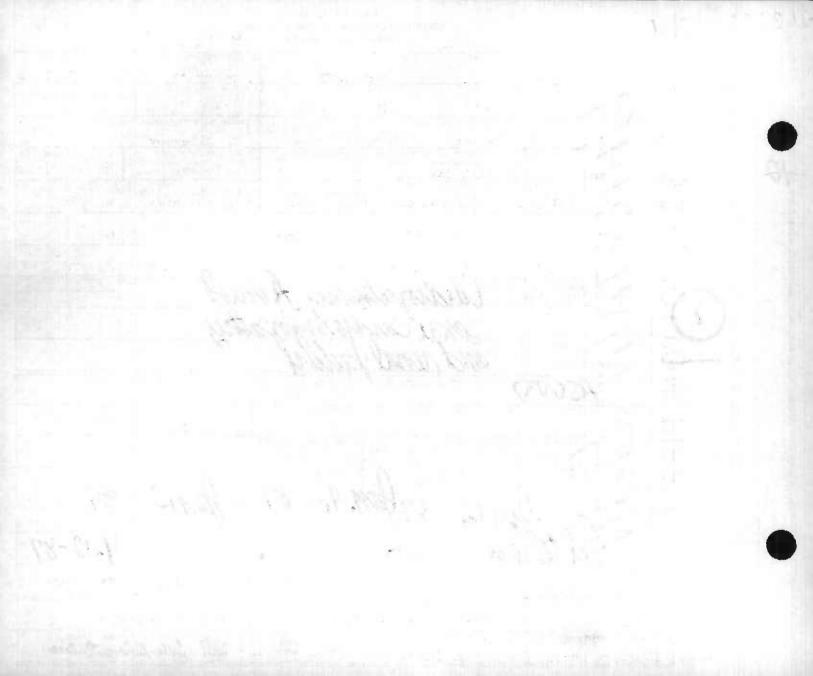
23d LOCATION
CITY OR TOWN
Woodbridge

275 W. Milton Ave. RAHWAY, NJ 07065 Joseph Gibilisco

REGISTRAR 256. REGISTRAR'S DENATURE &



2101	JAN 2	Long	ron	The State of	District Control of the Control	E OF MARYLAND			7 2
4 1 0 4	JAN Z	11	FOR STATE REGISTRAR	0		ICATE OF DEATH	REG. NO.	, 0 0	10
			CEASED NAME FIRST	MIDDLE	l l	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b HOUR
oy be oge 3 death		1	CHARLES	R .	SHO	WALTER	January 13, 1	1987	5:37 P
mo)		3. SE		4 RACE	5. DATE C	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAY	
ge 4			Male	White	July			RS	3 HOURS MIR
Po dir	8		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIED	P BALTIMORE CITY OR COL	INTY OF DEATH	
leath nero	30	M	aryland	U.S.A.	WIDOWE	DIVORCED		,	
01 11	300	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	126 KIND INDUSTR	OF BUSINESS
1 1	30	C	umberland_	Memorial Ho	spital		Engineer	Mart	in-Mari
24 hou	24	13a 3	AL RESIDENCE (IF NURSING HOME OIL TATE 136. COUIL ALLE	NTY 13c. CITY	or town aptown	138 INSIDE CITY LIMITS?	8 Elton Drive	Glen C	lo de laks
9 95		14 F/	THER'S NAME			15. MOTHER'S MAIDEN N	IAME		
7 200	2010		Samuel	D. Showa	1ter	First	MIDDLE	Smith	LAST
at on the	1	16a \	VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17 INFORMANT	ADDRESS		2675
1 68	V.	1	YES NO OR UNKNOWN) (IF YES, GIT WORL)	d War II 217_	10-0456	Betty Neal	is, 72 Larson F	lace, Ro	omney, W
4 p	- 1		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one course of the	Jantes .			APPENDI	AND DHA FERMOND
uires that the di igned by the ar	barriol, greman		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last	DUETO CONTRIBUT	ING TO DEATH BU	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	U GIVEN IN PART	110
1 24	No. of Participants	CATIO	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b.	IF YES, WERE FIND	DINGS USED
2 1 10	11/	CERTIFICAT					YES NO X	ERTIFYING CAUSI	NO [
N S S S S S S S S S S S S S S S S S S S	1 0	18	210. ACCIDENT WAS UNDERLYING		ITH DAY VEAD	21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2	1)
A STATE	117	N.	OR CONTRIBUTING CAUSE OF DE	AID	THE DAT TEAK	ministration of			
HAYS All o	2 5	101	216. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATION	Aity OR TOWN	COUNTY	STATE
of a sta	rked	2	AT WORK NOT WHILE AT WORK	A THOME, STREET, FACTOR	Y, OFFICE, FARM LINE	1 9	9 /2.12	an)
40 P	a mo	1	27a L certify that (I) (this hasp	advottended da eceose	d f	190		19.01	_, that (I) (we) I
E4 0 9	5 70		shows. (It was only) (did no	Manual dy other deot	_0	nd that in (my) (our) opinio	on death occurred on the date one	d hour and from th	he couses stated
4 2 W F	5.1		TER SIGNATURAL INC	/ .		DEGREE		2% DA	I GNESO
At D	2 2		YAMUL	www	W	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	-	1-87
HOSPITAL HIGHWALL FUNERAL	ORTANT	1	226 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS	. 1	W 11 1	D 13 11
5 th 5 th	# 80 /		Dr. T. Willi	lama		Men	norial Hospital mberland, MD 215	Medical	Bulldin
0 f 2 f	1 3	230	SURIAL CREMATION REMOVAL		23c NAME OF C	EMETERY OR CREMATOR	Y 23d LOCATION		
BP			Burial	1/16/87	Levels	Cemetery	Levels Har	npshire	WV STATE
		24 F	UNERAL DIRECTOR Keit	h S Shaffor			ATE REC'D. BY REGISTRAR 256 RE		
DHMH - 16 6 (VRA 15			haffer Funeral		ROMNESS W	V 26757 VAI	12 1987 Alia	Dindern R	monage !
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-, -,	-	marrer runeral	nome, inc.	toniney, w	20101	01		- And to the late of the late



page page	LI TWE	GASED NAME FIRST Marth	a V	Mola Mola	Smit	asi :h	January 13, 19	287 YEAR 26 HG	27A A
ige 4 ma ector, po	3. SE	Female	4. RACE White		5 DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS	MONTHS DAYS HOUR	RS MIN.
deoth. Po	I	RTHPLACE (STATE OR FOREIGN COUNTRY)	US		WIDOWE	D NEVER MARRIED D	9 BALTIMORE CITY OR COUNT		N
5152	Cui	nberland	Sacre	such facility, give street ed Heart Ho	ADDRESS) OSPita	or other institution	120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING Ret Owner &	Oper. Sal	lon
y filled in shortd be	13a S		or other institution of the property of the pr	DN. GIVE RESIDENCE BEFORE 13c. CITY OR TOW Cumber1	/N	13d INSIDE CITY LIMITS? YES NOW		Hillcres x 80 A 21	st I 1502
completed with		THER'S NAME FIRST ITA	MIDDLE Lee	Mankin		15. MOTHER'S MAIDEN NA. FIRST Edna	MIDDLE Myrl	Conne	
n and on Pages		YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES'			Fvelyn L.	Wolfe Fresno	, Calif.	121
he law requires that the acon. has been signed by the title repermit. Then please remainer ene prior to burlol, cremella ene prior to burlol, cremella ene prior to burlol, cremella ene prior to burlol.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost. PART 2 OTHER SIGNIFICANT OR DATE OF OPERATION	conditions.	OR AS A CONSEQUE PONTO CONTRIBUTING TO I CONTRIBUTION FOR WHICH	DEATH BUT	indrove,	IN CER	SIVEN IN PART 100 THE PRESENT OF DESIGNATION OF DE	EATH?
ING PHYSICIAN: The option of the control of the control of the burial-transit is and Mental Hygic increase of the control of t	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MFDICAL EXAMIN 21d, INJURY OCCURRED WHILE AT WORK AT WORK	EATH HOUR ER) 21e. PLAC (AT HOME.	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET FACTORY, OFFICE, F	19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY IN 11EM TI CITY OR TOWN	8 PART I OR PART 2) COUNTY	STATE
O 0 0 0 5		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATIONE	n	19		, 19	, to deoth occurred on the date and h	out and from the couses 22c. DATE SIGNE	stoted

Forule white W. Va. USA LOE CAROT & COOK. DO basinedmi . Tu Jastonit in diegany cumberland or kt. t 2, Box 80 & 21502 Ira Lee Fankins Idna Dyrl Connell Welvn L. Wolfe Prosno, Calif. 0.

Temasion Jan. 13, 1987 Smithbury GrematorySmithburg Washington william G. Kight Cumberland, Ed.

FOR

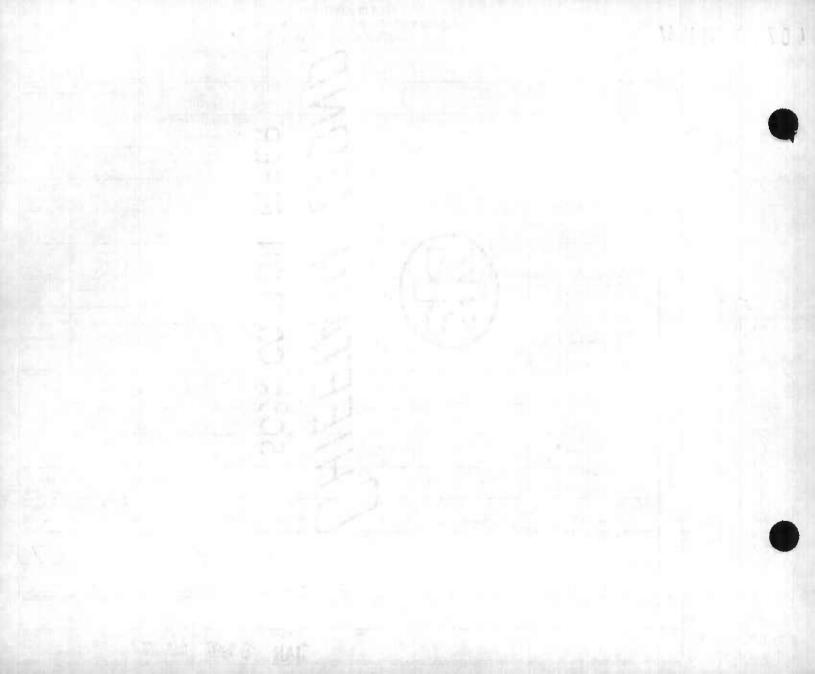
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

14	31	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO	0.				
		CEASED NAME	FIRST		AIDDLE	(AST	2e DA		MONTH	DAY	YEAR	26 HOU	R
	{ TYPE	OR PRINT)	Mabel		R.	Sny	yder		(01	02	87	1:1	3 P
	3 SE>	(4. RACE		5. DATE C	OF BIRTH	6 AGE	(IN YEARS LAST BIRT		IF UNE	DER TYEAR	IF UNDER	
ì		female		white		MONTH	3-28-1897	1	89	YRS	MONTH	DATS	HOURS	MIN.
1		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BAL	TIMORE CITY O			HTAS		
2		WV		USA		WIDOWE			llegany					MD.
7	10 CI	TY OR TOWN OF	DEATH	11. NAME OF I	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	THER INSTITUTION 120 USUAL OCCUPATION 125 KIND ((TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						SSOR
1		Cumber.			ns Manor		ng Home	for	mer empl	.oyee		rail	road	
5	13a S		13b COUI		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	13e STE	REET ADDRESS	ZIP CO	DE			
5		MD	Alle	egany	Cumberl	and	YES NO		444 Col	.umbi	a St	reet	/2150)2
1	14 FA	THER'S NAME FIRST		MIDDLE	LAST		15 MOTHER'S MAIDEN N		MIDDLE			LAS	Ť	
				Crawfor				lphare	etta Her	shma	n			
1		VAS DECEASED EN		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS						
		no			218-38-0	0364	Mr. Charles	3 J. S	Snyder,	Cumb	erla	rland, MD - son		
		18 CAUSE OF DEATH (Enter only one cause per line lar (a), (b), and (c) PART I. DEATH WAS CAUSED BY												
		IMMEDIATE CAUSE (0) HOUR 191-1												
		Conditions, if any, which () CONONARY artery disease.												
		Conditions, if a		(b)	COTON	avy	arrac	10	aclas		•			
		cause (a), st		DUE TO. OF	R AS A CONSEQUE	NCE OF	134	1						
		DART 2 OTHER C	ICANE ICANIT	(c)	NITBIBLITING TO S	OF ATU BUT	NOT RELATED TO THE TER	M. D. C.	IST LET ON COLU	DITION				
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7	IFICATION	19a DATE OF OPE	RATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	14	AUTOPSY?	IN CERT	TIFYING	RE FINDIN	OF DEATH	H?
1	CERTI	21g. ACCIDENT WAS	UNDERLYING T	1 21b. TIME O	FINILIRY		21c. HOW INJURY OCCU	YES			YES	On n ant 2)	NO [
7		OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A.	M. MONTH DA			OKKED (EK	TER MATORE OF MOOR	(1 IN II EM IO	PARITO	78 F (48 2)		
	MEDICAL	214 INJURY OCC		21e PLACE (19	211 LOCATION							
	ME		T WHILE WORK		EET FACTORY OFFICE F	ARM ETC	STREET		CITY OR TO	WN .	C	OUNTY	51	TATE
				ital) attended the	e deceased fram_	10 -	5 10 80	2 10	1-2		108	-7	that (I) (w	(a) lost
		saw the dec	eased alive an	12 - 2	198	6 , or	nd that in (my) (our) opinio	an death a	ccurred on the do	ate and he	our ond			
		22b. SIGNATURE	e) (did) (did no	t) view the bady	alter death		DEGREE					22c. DATE	SIGNED	
		V.A.	Kan	Ithan			ATTENDING PHYSICIAN		CTOR PHYSIC			1-2	3-8	7
7		22d. PHYSICIAN'S	NAME (TYPE	R PRINT)			22e ADDRESS	-					,	
		V. A.	Ranjith	an, M.	D.		LMNH, Setor	n Dri	ve ext.,	, Cum	ber!	land,	MD2	1502
		URIAL, CREMATIC	N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATORY		LOCATION		1.00	INTY		ATE
		Buri		01-05	-1987 SS	Pete	er Paul Churc	ch (Cumberla	ind	Alle	egany		
4	24 FL	JNERAL DIRECTOR	2		ADDRESS		. 25a D	ATE REC'D	. BY REGISTRAR	. 0 2	mr 8 .	2/3	URE	
		James F	. Scarc	elli. Co	umberland	. MD	21502 JA	N 8	1981 A	dea d	cordu	m. Ken	desti	

DHMH - 16 60M 7/8 (VRA 15, 4)

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(VRA 15, 4)

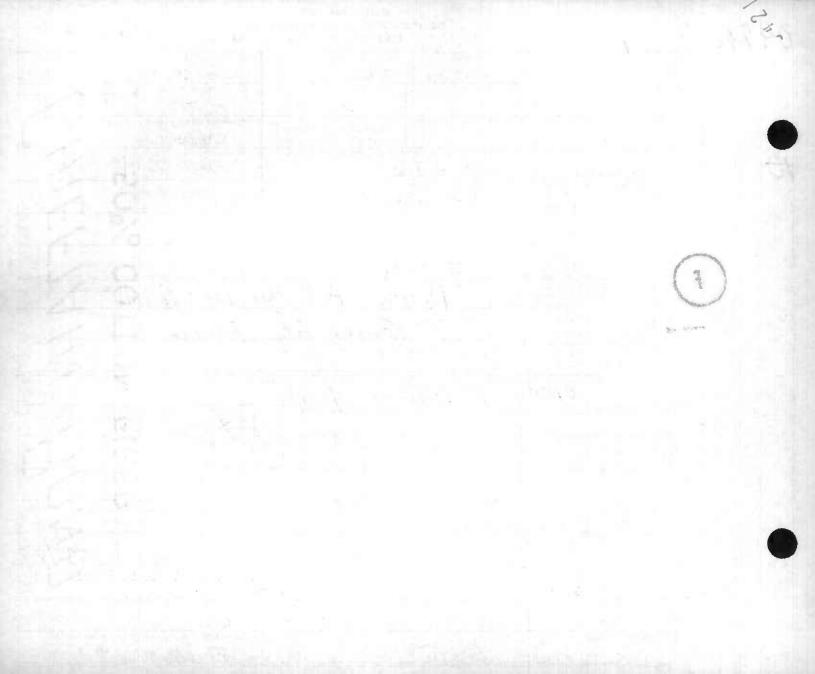
STATE OF MARYLAND

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James F. Scarpelli, Cumberland, MD 21502

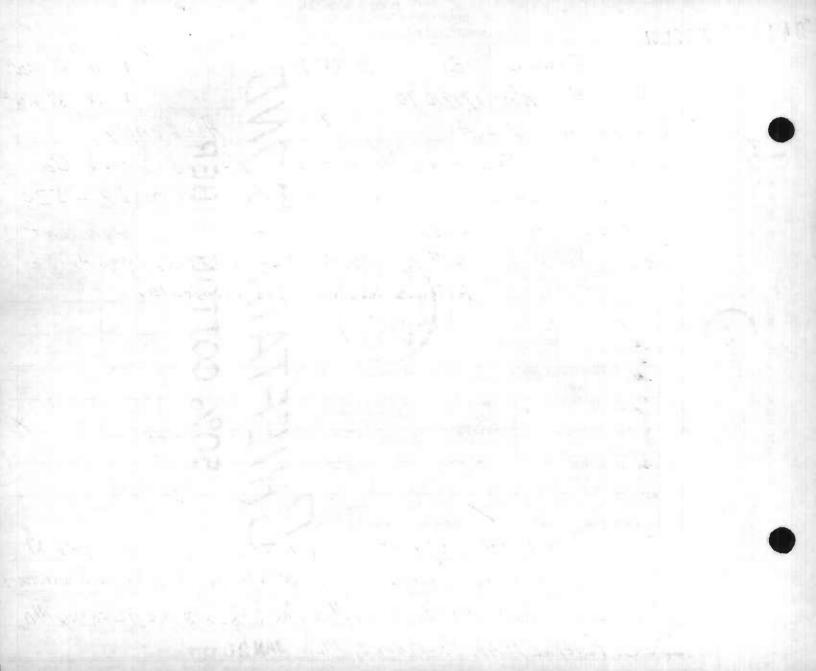
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(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN TO MONTH 75 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED James 1987 4 RACE 3. SEX 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE AST BIRTHDAY PRONOUNCED DEAD To BIRTHPLACE (STATE OR WHAT COUNTRY? 9. BALLIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED II. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS ITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MIDDLE APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY archiovas cular IMMEDIATE CAUSE (o. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (ATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE WHILE NOT WHILE T COUNTY 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry and in my opinion death resulted from Natural causes Ascident Suicide Hamicide Undetermined manner EXECUTE THE CERTIFIED PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH BALLIMORE, MARYU TITLE (SPECIFY) ACTUAL DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME eyes TYPE OR PRINT) 230 BURIAL CREMATION REMOVAL 07/84 BP 25M **FUNERAL DIRECTOR DHMH - 17** (VR A15 ME (5))

STATE OF MARYLAND



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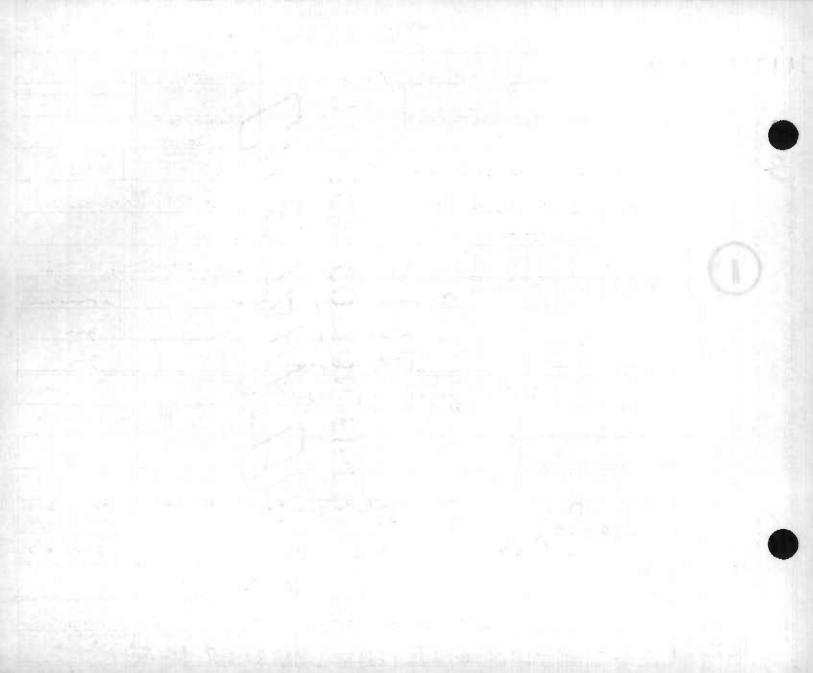
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230 Baltimore Ave. Cumberland, MD

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187		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCI.	AL SECURITY NO. 17. INFORMANT	ADDRESS	
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to burral	Z	PART 2. OTHER SIGNIFICANT	COPD 1 P	NG TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
prior prior	CERTIFICATION	190 DATE OF OPERATION	. //	WHICH OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
ene ene	Ī					res \(\bar{\bar{\bar{\bar{\bar{\bar{\bar{
Hygie 18 sho	E. E.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
rental Item 1	A	OR CONTRIBUTING CAUSE OF D	EAIN	ITH DAY YEAR		
or in	WEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		CITY OF TOWN	COUNTY STATE
norked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	r, OFFICE, FARM, ETC)	CHT ON TOTAL	
mor mor		22a 1 certify that This has	pital) attended the deceased	d from /~ // 19 F)		, 19 8) than (1) (we) los
of He			inat) view the bady after deat		death accurred on the date and he	our and from the causes stated
em tem		22b. SIGNATURE	naryview the body after deat	DEGREE		22¢ DATE SIGNED
e Dod		a	Jullen	A ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1-20-57
AN		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	22- ADDRESS		
should be deto with the State IMPORTANT: I		Dr. A. Bol	lino		rederick Street rland, MD 21502	
M. —	730	BURIAL, CREMATION, REMOVA		231. NAME OF CEMETERY OR CREMATORY	123d LOCATION	
		(SPECIFY)	01-21-1987		CITY OR TOWN	Allogopy MD
	74 E	Burial UNERAL DIRECTOR	101-21-1987	Davis Memorial Ceme	tery Cumberland terecid. By registrarizsb. regis	Allegany MD
16 60M 7/84	["	NAME		ADDRESS		order Randors
15, 4)		James F. Scarn	elli. Cumberl	and MD 21502 1AN	2 1 148/ Julia 24	ACOSES OF PRINCES



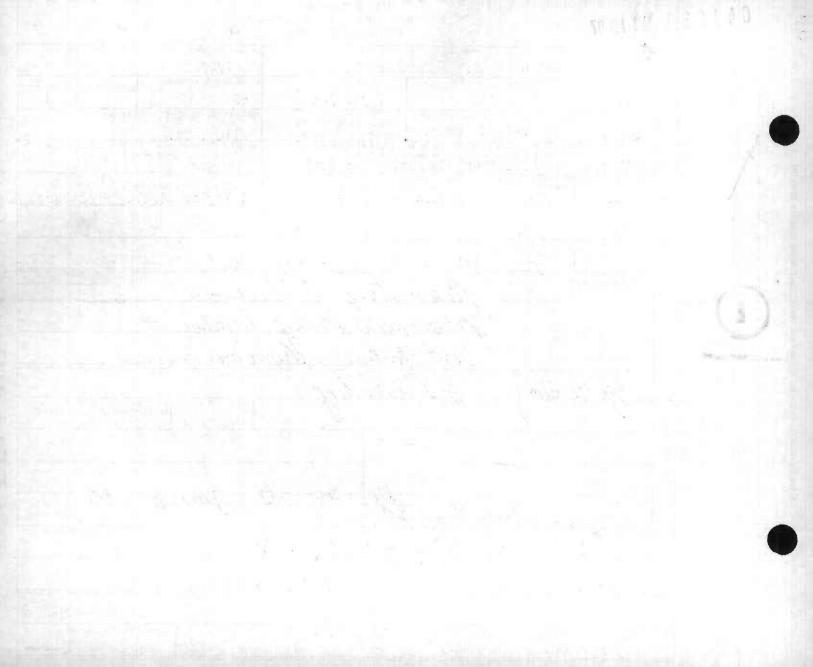


		CEASED NAME FIRST	AIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3	(146)	MARY	EILEEN	WARNICK	JANUARY 10,	1987 12:30F
mo)	3. SE	Agreement and the second	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
oge 4		Female	White	5 5 1917	69 YR	S
deoth. Po	5	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	7b. CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	P BALTIMORE CITY OR COUNTY ALLEGANY	NTY OF DEATH
1	X	Cumberland	SACRED HEART	HOSPITAL	TIZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN DOMESTIC	126 KIND OF BUSINESS O INDUSTRY HOUSE
filled in hould be	13a Ma	aryland Alle	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 131. CITY OR 10 V Cumber 13	nd 13d INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP CC	0DE 215€2
impletely ond 2 sl	1	ATHER'S NAME AMES H	Jones LAST	Daisy		Coffman
n and co		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 235 16		arnick Cumberl	and. Md. 21502
the deoth		Conditions, if any, which gove rise to immediate couse (a), stating the	(b)	ITALCE OF		
equires that the significant of	NO	underlying couse lost.	CONDITIONS CONTRIBUTING TO	DEATH BUT NOTIFIELATED TO THE TERM	AINAL DISEASE OR CONDITION	
ow requires been sign mit. Then prior to but ony injury.	TIFICATION	underlying couse lost.	CONDITIONS CONTRIBUTING TO		20a AUTOPSY? 20b. IF	
HYSICIAN: The low requires dding physicion. Is certificate has been signiburial-transit permit. Then burial-transit permit. Then I Mennal Hygeree prior to but or item 18 shows any injury.	MEDICAL CERTIFICATION	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DELIFIE STHER NOTHY MEDICAL EXAMINE 210. INJURY OCCURRED	CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NO DRELATED TO THE TERM H OPERATION WAS PERFORMED 21c HOW INJURY OCCUR 19 21i LOCATION	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
SICIAN: The low requires opposition. certificate has been significate the promit. Then entol Hygiene prior to but them 18 shows ony injury.	155	UNDERLYING COUSE LOST. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETTHER NOTHY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.I certify that (I) (this hosp sow the deceased alive of som the d	CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH 19b CONTRIBUTING TO THE CONTRIBUTION OF THE CONT	DEATH BUT NOTIFICATED TO THE TERM H OPERATION WAS PERFORMED 216 HOW INJURY OCCUR 19 211 LOCATION STREET	20a AUTOPSY? 20b. IF IN CENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART OR PART 2) COUNTY STATE
OR ATTENDING PHYSICIAN. The low requires e hospital or attending physician. DIRECTOR. After this certificate has been significate for use as the burial-transit permit. Then Dept. of Health and Mental Hygiene prior to but it fem 21 is marked or them 18 shows any injury.	155	Underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a L certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did no 22b. SIGNATURE	CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, bitol) offended the deceased from. 19 view the body after death.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 216 HOW INJURY OCCUR 19 211 LOCATION SIREE1 217 January Occur Order that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	20a AUTOPSY? 20b. IF IN CENTRE NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO 18 PART OR PART 2) COUNTY STATE
R ATTENDING PHYSICIAN: The low requires hospital or attending physician. RECTOR, After this certificate has been signified for use as the buriol-transit permit. Then path of Health and Mental Hygene prior to but tem 21 is marked or Item 18 shows any injury.	155	Underlying couse lost. PART 2. OTHER SIGNIFICANT 198 DATE OF OPERATION 218 ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DE CIFETINER NOTIFY MEDICAL EXAMINE 214 INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 220.1 certify that (I) (this hosp sow the deceased alive or obove, (I) (we) (did) (did not obove,	CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHICH ATH HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 10tol) of the body offer death.	DEATH BUT NOTIRELATED TO THE TERM H OPERATION WAS PERFORMED 216 HOW INJURY OCCUR 19 211 LOCATION STREET 219 210 ADDRESS	20a AUTOPSY? 20b. IF YES NO RED (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO

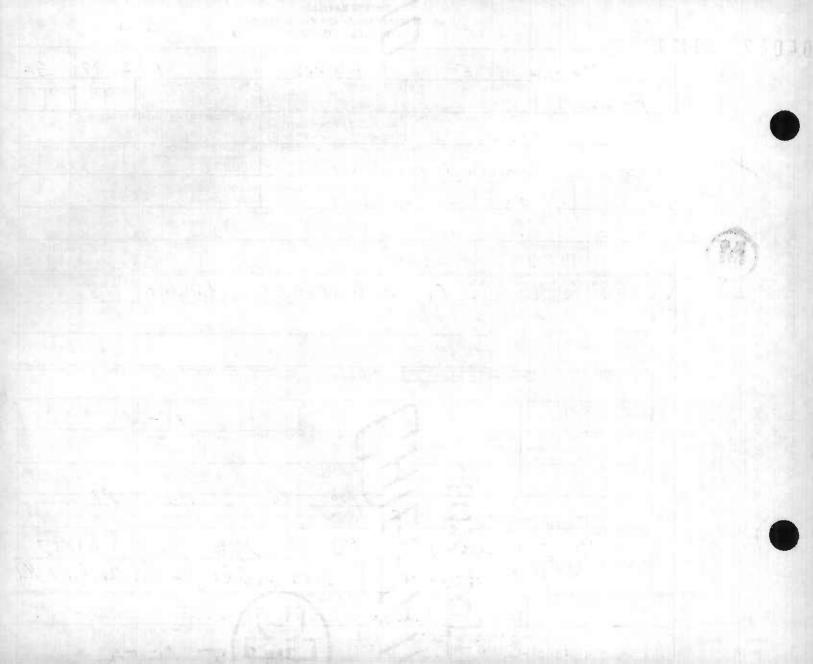
THE REAL PROPERTY AND AND A STREET X ALL FORMY. s w ll o little x Vertical Straight Vertical 532 Willey Co. 20102 MORE OF THE PROPERTY OF THE ORIGINAL PROPERTY OF THE provided to the latter than the second verterant lliggory was . o. dangerose to take here it along

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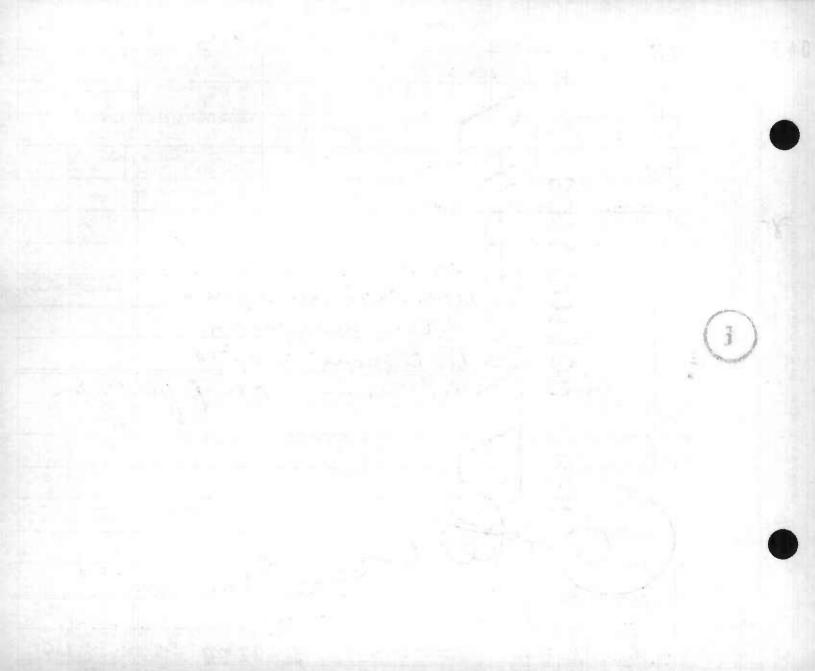


A 7 1111 I	11-	FOR STATE		DEPART		EALTH AND MENTAL HYC	GIENE 2	0	0 0	9 3
1/ JAN	1 00	REGISTRAR CEASED NAME FI	IRST	MIDDLE		ST DEATH	REG. NO		AY YEAR	01 440110
e 6 4		OR PRINT)	11	MIDDLE		1 1 11 11 11	26. DATE OF DEATH W		2 87	26 HOUR
poge 3	3. SE	MAR	11 P	E	5. DATE O	Welker FRIDTH	6 AGE (IN YEARS LAST BIRTH	/	IF UNDER 1 YEAR	3AN
tor, after offer	3. 32.	Female			MONTH	DAY YEAR		M	ONTHS DAYS	HOURS MIN.
direction of the	7a. BI	RTHPLACE (STATE OR FORE	IGN 76 CITIZENS	OF WHAT COUNTRY?	March	15, 1903	9. BALTIMORE CITY OR	COUNTY	OF DEATH	
C 30 25		OUNTRY)	U.S. A		MARRIED	DIVORCED X	Allega			
407		At Virginia				R OTHER INSTITUTION	120 USUAL OCCUPATIO		12b. KIND OF	BUSINESS OR
The Co		mberland	Cumbe	MAND NO	ADDRESSI ILSING	Center	Nurse's Aid		Medic	ine
old be	13a. S		HOME OR OTHER INSTITUTE COUNTY Ween	136. CITY OR TOW	'N I	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS BeallStreet	/ 213	502	
S	_	THER'S NAME		Camberco	cria	15 MOTHER'S MAIDEN NA		, -, -		
	1	Reginald	W.	Allen		Mary	Jane		Adam	
1 3		AS DECEASED EVER IN	U.S. ARMED FORCES		IRITY NO.	17. INFORMANT		S 800	Shades	
10		No.	-	214-07-3	3918	Martha J. Ho	chard	Cumb	erland,	, MD
t d		18 CAUSE OF DEATH IE PART I. DEATH WAS	inter anly ane cause	per line far (g) (b), an	d (c).)	(00000	, , ,	7 %	APPROXU BETWEEN O	MATE INTERVAL
emon even			CAUSED BY. MEDIATE CAUSE (o).	Ea	0	Gallberd	en faund	ice.		
or re			DUE TO	OR AS A CONSEQUE	ENCE OF	0	J			
fion,		Conditions, if any, wh	hich ((b)					-		
cremo		gave rise to immedicause (a), stating underlying couse (the DUE TO	, OR AS A CONSEQUE	ENCE OF			100		
signed sen pleo buriol ury, or	z	PART 2. OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR COND	ITION GIVE	N IN PART I I a	
prior t	CERTIFICATION	19a. DATE OF OPERATION	V 196 COI	NDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
0 0 2	E									
9 6	100			All the second second second			YES NO	YES		NO [
fol Hygien		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR	E OF INJURY A.M. MONTH DA		21c HOW INJURY OCCUR	- 7	YES		
Mentol Hygien			EXAMINER) HOUR	A.M. MONTH DA	19	211 LOCATION	RED (ENTER NATURE OF INJURY	YES	RT I OR PART 2)	NO [
a ± 00	MEDICAL CE	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d INJURY OCCURRED	E OF DEATH HOUR	A.M. MONTH DA	19		- 7	YES		
O T OO		OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d INJURY OCCURRED	SE OF DEATH XAMINER) 218. PLAC (AT HOME	A.M. MONTH DA P.M. CE OF INJURY STREET, FACTORY, OFFICE, F	19	211 LOCATION	RED (ENTER NATURE OF INJURY	YES	(COUNTY	NO [
a T oo		OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL E 21d. IN JURY OCCURED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this sow the deceased of	SE OF DEATH (XAMINER) 21e. PLA((AT HOME) is hospital) attended	A.M. MONTH DATE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION	RED (ENTER NATURE OF INJURY CITY OR TOW	YES	COUNTY	STATE
ned for use os the buildering ept. of Health and Mental M. stem 21 is marked or them 38.		OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICALE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (thi	SE OF DEATH (XAMINER) 21e. PLA((AT HOME) is hospital) attended	A.M. MONTH DATE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	RED (ENTER NATURE OF INJURY CITY OR TOW	YES	COUNTY	STATE hot (I) (we) lost auses stoted
letoched for use os the buriol-tran the Dept. of Health and Mental Hy It if Hem 21 is marked or Hem 18.		OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 11d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a I certify that (I) (thi sow the deceased a abave, (I) (we) (did), 27b. SIGNATURE	SE OF DEATH (XAMINER) 21e. PLA((AT HOME s hospital) attended tilive an (All did not) view the ba	A.M. MONTH DATE OF INJURY STREET, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET 19 6 that in (my) (our) opinion DEGREE ATTENDING	RED (ENTER NATURE OF INJURY CITY OR TOW	YES IN ITEM 18 PA	COUNTY	STATE hot (I) (we) lost auses stoted
EKAL DIRECLOR: After this certificol e detoched for use as the buriol-tran Siste Dept. of Health and Merital B. H. Hem 21 is marked as them 78.		OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT HORK 22a. I certify that (1) (thi sow the deceosed a abave, (1) (we) (did,)	SE OF DEATH (XAMINER) 21e. PLA((AT HOME s hospital) attended tilive an (All did not) view the ba	A.M. MONTH DATE OF INJURY STREET, FACTORY, OFFICE, F	19 ARM, ETC.) 7	211 LOCATION STREET 19 6 that in (my) (our) opinion DEGREE ATTENDING	CITY OR TOW 10 death occurred on the dat	YES IN ITEM 18 PA	COUNTY	STATE hot (I) (we) lost auses stoted
FUNRAL DIRCTOR: After this certifical black detached for use as the burial-tran the State Dept. of Health and Mental Hy ORTANT: If them 21 is marked as them 78,	WEDICAL WEDICAL	OR CONTRIBUTING CAUS (# EITHER NOTIFY MEDICAL E 21d IN JURY OCCURRED WHILE AT WORK 22a I certify that (I) (thi sow the deceosed a abave, (I) (we) (did). 27b. SIGNATURE	SE OF DEATH (AT HOME 21e. PLAG (AT HOME is hospital) attended thive on	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY, OFFICE, F they deceased from dy after death.	ARM, ETC.)	211 LOCATION STREET 19 6 that in (my) (our) opinion DEGREE MO ATTENDING PHYSICIAN [CITY OR TOW 10 death occurred on the dat	YES IN ITEM 18 PA	COUNTY	STATE hot (I) (we) lost auses stoted
ERAL DIRECTOR: After this certifico e detoched for use as the buriol-tran State Dept. of Health and Mental Hy MAIT: If them 21 is marked or Item 78.	WEDICAL	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 21d INJURY OCCURRED WHILE AT WORK 22a I certify that (I) (thi sow the deceosed a above, (I) (we) (did) 22b. SIGNATURE WRIAL, CREMATION, REA SPECIFY	SE OF DEATH (AT HOME 21e. PLAG (AT HOME is hospital) attended thive on	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY, OFFICE, F they deceased from any after death. 19 23c. N	ARM, ETC.) ARM, ETC.) On D NAME OF CE	211 LOCATION STREET 19 6 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e. ADDRESS METERY OR CREMATORY	CITY OR TOW CITY OR TOW CONTROL CONT	YES IN ITEM 18 PA	COUNTY 927 ti and from the county 22c. DATE S Decle	STATE hot (I) (we) lost auses stoted
ERAL DIRECTOR: After this certifico e detoched for use os the buriol-tran State Dept. of Health and Mental Hy AMT: If them 21 is marked or them 78.	WEDICAL MEDICAL	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL E 11d INJURY OCCURRED WHILE NOT WHILE AT WORK 12a I certify that (I) (thi sow the deceased a abave, (I) (we) (did). 17b SIGNATURE URIAL, CREMATION, REA SPECIFY WHICH	SE OF DEATH SEAMINER) 21e. PLAC (AT HOME shospitol) oftended filive on (VPD OR PRINT) AOVAL 23b. DATE 1 - 4 - 8	A.M. MONTH D.P.M. CE OF INJURY STREET, FACTORY, OFFICE, F they deceased from any after death. 19 23c. N	ARM. ETC.) ARM. ETC.) On Discourse of the control of the contro	211 LOCATION STREET 19 6 that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 220. ADDRESS METERY OR CREMATORY by Cemetery	CITY OR TOW CITY OR TOW CONTROL CONT	YES IN ITEM 18 PA N e and hour AN - Mil	COUNTY 927. 1 and from the c 222. DATE S COUNTY COUNTY	STATE hot (I) (we) lost auses stoted SIGNED W. GATE



			1	SCARPELLI F	UNERAL H	OME	STAT	E OF MARYLAND			
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	,			REGISTRAR ECEASED NAME EIRST		WIDDLE	CENTII	AST	REG. NO		EAR 26 HOUR
2	中丰			PE OR PRINT)			1.0				10 1100K
- 6	900		3. SE	MARY	4 RACE	ZABETI	S. DATE C	HITACRE DE BIRTH	JANUARY 2		12:22PA
4	of the	1		female		ite			80		DAYS HOURS MIN.
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9 1	100	10	1	WV	USA	F	WIDOWE		ALLEGANY C	OUNTY :	MD.
2	by the fu	The state of	11	Cumberland	11. NAME OF SACE	HOSPITAL, N CHEACHITY, GIV RED HEA	URSING HOME C ESTREET ADDRESS) ART HOSP]	TAL	120 USUAL OCCUPATE (14PE OF WORK FOR MOST OF TETTED		IND OF BUSINESS OR STRY TIPE CO.
ND NO	tilled in	21	100	JAL RESIDENCE (IF NURSING HOME STATE 131 CO	OR OTHER INSTITUTION UNITY	134. CITY O		13d INSIDE CITY LIMITS?	130.STREET ADDRESS /	ZIP CODE	99999
2 4	2 34	N	炒	ATHER'S NAME	WIDDLE	1A	51	15 MOTHER'S MAIDEN N	AME MIDDLE		LAST
MA L	and	14	Y	Johr	Betson			M EIRST	artha Culp		[ASI
ORE	Per co	100		WAS DECEASED EVER IN U.S. A	RMED FORCES?		L SECURITY NO.	17. INFORMANT	ADDRE		
MI S	1.70	10		no		21520	06834	Mrs. Sally	A. Long, Sho		
ST., BAI	appopu	D		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMEDI	only one cause pe SED BY ATE CAUSE (o)	r line far (a),	endicion.	3		BET'	PPROXIMATE INTERVAL TWEEN ONSET AND DEATH
NO 5	90			10 - Auto	DUE TO, C	OR AS A CON	SEQUENCE OF	11	7 A 1	Lower out	41.780
test dec	10.0			Conditions, if ony, which gave rise to immediate	(b)_		These	Herper.	Zostes L	Lower gary	TURS
I W. P	by the	other		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CON	ISPOUENCE OF				
RDS, 20	Then ple	Harry, or	NOI	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTIN	G TOYDEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONE	SITION GIVEN IN PA	RT Ito
AL RECO	Not bee	19	TIFICAT	190 DATE OF OPERATION	196 COND	OITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE F IN CERTIFYING CA YES	
E 2	100	100	18	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	110110		H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PA	ART 2)
0 0	2 5	117	3	(IF EITHER NOTHY MEDICAL EXAMIN	EATH	.M.	19				
VISION	100	hed or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY	OFEICE, EARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn COUN	NTY STATE
0 0	A P	mon mon		220.1 certify that (1) (this has	pital) attended t	he deceased	from	, 19	, to	. 19	, that (1) (we) last
1	0.0	5 6		sow the deceased alive abave, (1) (we) (did) (did	of view the bad	ulterdeath	_19 or	nd that in (my) (aur) apinion	death occurred on the do	ite and have and fram	m the causes stated
6 8	Ched	Per		226. SIGNATURE	1/.)	1		DEGREE			DATE SIGNED
3	A de	# F	1	UK	my	12			MEDICAL STAF	IAN 🗆	
HOSPI	O FUNE	PORTAL		WAYNE SPIGG				BMG 912 SET	ON DRIVE CUM	BERLAND,	MD. 21502
COL	161	9	230	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION	1 Children	STATE
444 8	P77	_		Dullal	01-26	5-1987	Culp-Be	tson Cemeter	,		I WV
DHM	100,000	DM 7/84	24_6	TOMANG E Soons	-11: 0	ADI	DRESS		TE REC'D. BY REGISTRAR		
	(VRA.15.	4)		James F. Scarp	elli, cl	mperla	and, Md 2	1502 IAN 3	0 1987, Sulis	MUNICON-NO	noesta

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 2:00P M JANUARY 17, 1987 LUCY ARNOLD. WILAND 6 AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 3. SEX MONTE / 20/1900 YEAR White Female 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY xx Allegany West Virginia USA WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 17a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMAKEY Own Home CUMBERLAND MEMORIAL HOSPITAL USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 136. COUNTY 136. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 21536 Grantsville NO V Route 2. Box 54 Maryland Carrett 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE Elizabeth Martin Bowman John 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Route 2, Box 463 (YES, NO OR UNKNOWN) 213-74-9318 & Frostburg, MD Mrs. Helena Crowe APPROXIMATE INTERVAL BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY erasta IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CATION 19s. DATE OF OPERATION 1% CONDITION FOR WHICH OPERATION WAS PERFORMED 78h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHT NOT YES [214 ACCEPANI WAS UNDERLYING [] 21% TIME OF INJURY 21c HOW INJURY OCCURRED. (ENTER NATURE OF PHILIPS OF THE 18-PART I DRIPART 2) HOUR A.M. MONTH DAY YEAR OF CONTRIBUTING CAUSE OF DEATH EFFERNER ADDRESSED ALEXAMPLE THE INJURY OCCURRED 21s. PLACE OF INJURY TH. LOCATION LAT HOME, STREET, FACTORY, OFFICE, FARM, LTC.) CITY OR FOWN COLMIN 2011 certify that (I) (this haspital) dwenged the deceased from sow the deceased plive on and that in (my) (pur) opinion death occurred on the date and hour and from the cause stated 77h SIGNATURE DEGREE 7% DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN PHYSICIAN [224 PHYSICIAN'S NAME (1195 GERBIN) MEMORIAL HOSPITAL MEDICAL BUILDING DR. TORKES CUMBERLAND, MARYLAND 21502 73r. NAME OF CEMETERY OR CREMATORY 23s BURIAL CREMATION, REMOVAL RID DATE COUNTY Burial New Germany Methodist X 1/20/87 Garrett. THATE REC D. BY REGISTRARIZS REGISTRAR'S SIGNATURE N FUNERALDIRECTOR DHMH - 16 60M 7/B4 Grantsville, MD (VRA 15, 4)



40537 JAN	3	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 7 0 C	0 4 0		
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	AY YEAR 26 HOUR		
e 6 ±		E OR PRINT)				12:20P _M		
poge 3	3. SE	CECTL.	4. RACE	WTLKES 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER 1 YEAR IF UNDER 24 HRS		
1 99		mit Male	White	April 20 1917		ONTHS DAYS HOURS MIN.		
2 6/1	To. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?		1KJ	OF DEATH		
\$ E \$5		country)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Allegany County			
1114/		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Ret. Westvaco			
/ V = = =		MRERIAND	MEMORIAL HOSPIT		net. westvaco	Paper		
1135	3a	STATE 136. COU	NTY 13c. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE Marsh Apts. 21	562		
pletely amine		ATHER'S NAME	LAST					
o o o	_	SEPH WAS DECEASED EVER IN U.S. A	Wilkes RMED FORCES? 166 SOCIAL SECI	Melissa URITY NO. 17 INFORMANT	Clai	CK		
n ond Poges		VEC NO OR LINKNOWNS I HEVES GI	W 2 214-07-	Mag Annahal		nport, Md.		
physics physics poper recent		PART I. DEATH WAS CAUS	nly ane cause per line far (a), (b), ar ED BY: (TE CAUSE (a)	. 6 1	m () m	BETWEEN ONSET AND DEATH		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMOKE, MAKTLAND STR. Althoughing playscion. After this certificate has been signed by the confidence of completely filled in but the burnel frame. Better to burnel companies. Poges 1 ord 2 shared by the confidence of the confiden		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	Stage Caria	RMINAL DISEASE OR CONDITION GIVE	N IN PART 1 IO		
w require been sign mit. Then prior to bi any injury	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES,	WERE FINDINGS USED		
71 7 7 7	Ħ		I IN I		YES NO YES	ING CAUSES OF DEATH?		
100 111 19		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT OR PART 2}		
A Perry St. Me bound	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	21f. LOCATION	CITY OR TOWN	COUNTY STATE		
TENDIN Hall or 1 The site	N.	22a. certify that (I) (this hosp	pital) attended the deceased from 19 at view the bady after death.	Pur his	on death occurred on the date and have	9 27, that (I) (we) last and from the causes stated		
rat OR any the hose bat DIREC denoched forth of the forth		226. SIGNATURE	in san		DIRECTOR PHYSICIAN	224. DATE SIGNED 1-7-87		
turned by O FUNES No. of FUNES AND THE SAME THE SAME THE SAME SAME THE SAME SAME SAME SAME SAME SAME SAME SAM		Dr. A. Sivan P.		'GISOR Seton I Cumberland,)2		
BP		BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation	0 10	NAME OF CEMETERY OR CREMATORY	Smithsburg Wash:	ifigton Marylan		
DHMH - 16 60M 7/84 (VRA 15, 4)		Oals Funeral Se	Cigne Westernpo:	250 D	AINELDS A 1884 VESTER SECTION	R'S SIGNAY RE		

genuon van af a aget a constitute of a reason Shiff and men a server a greetly an or . The section of t The company of the contract of - A LE TRIESE MANY DE LES RESERVANTS . L. 21502 MANY BOTTON DE LE SONT DE LA COMPANY D

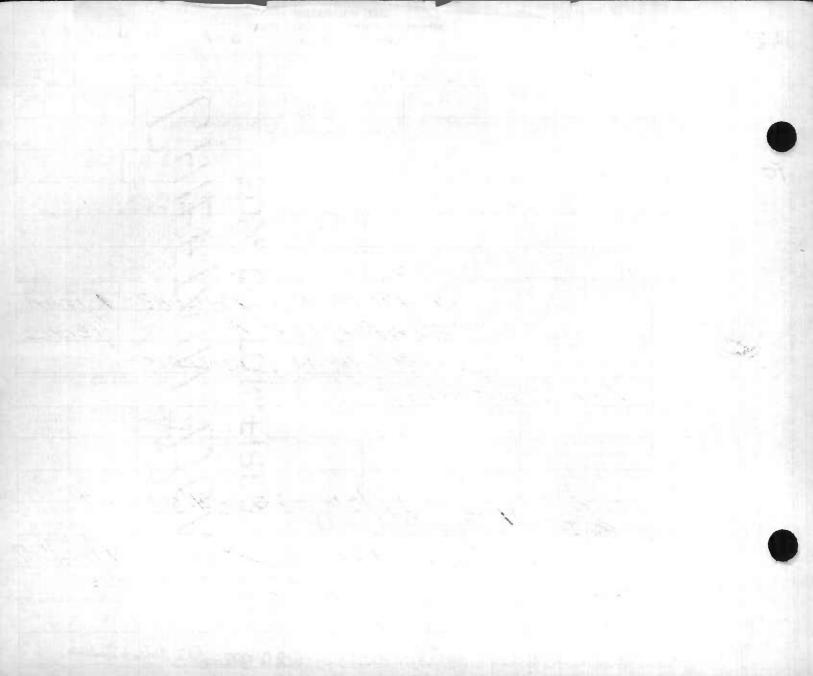
DHMH - 16 60M 7/B4

(VRA 15, 4)

12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY textile 13e.STREET ADDRESS / ZIP CODE 216 Charles Street/21502 LAST Mary Rephan Mr. Ronald M. Wolford, Crofton, MD - son APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (p. 70h IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F THE HOW INJURY OCCURRED (ENTER NATURE OF POURT, PORTED TO PART I OR PART 21 CITY OF TOWN STATE (our) opinion death occurred on the date and hour and from the causes stated 22: DATE SIGNED PHYSICIAN THEETOR PHYSICIAN Memorial Hospital Medical Building J. Raver Cumberland, MD 21502 73s BURIAL CHEMATION, REMOVAL 73r NAME OF CEMETERY OR CREMATORY 73d LOCATION 21b DATE 53.4TE Sunset Memorial Cumberland Allegany, 24 FUNERAL DIRECTOR 256 DATE REC'D. BY REGISTRARI756 REGISTRAR'S SIGNATURE dia Dindon Ros James F. Scarpelli. Cumberland.

IF UNDER 1 YEAR

IF UNDER 24 HRS



		-	FOR		D			MARYLAND I AND MENTAL H	IYGIENE		2	8
042	970 FEB		STATE REGISTRAR	APPLICAL EVANABLEDIS CERTIFICATE OF REATHY								O.
			CEASED NAME E OR PRINT)	FIRST		WIDDLE		LAST	20. DATE KN		DAY YEAR	2b. HOUR
	1 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	(117	E OR PRINT)	Glen		Ρ.		Wright	DEATH N	AATED 01	-27 19 87	7 1:5QA
	S NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET.	3. SE)		ci hite	5. DATE OF BIRTH MONTH DAY 01-25-19	YEAR LAST BIR	THOAY) MONT		24 HRS. 2c. DATE MIN. PRONOUNCE DEAD		-27 19 87	8:00
	SAR		RTHPLACE (STATE OF		76. CITIZEN OF WHA		I.e.		9 BALTIMO	RE CITY OR COUN		/ 1 21 M
	NEGESSAI FUNERAL 5 FOR YOUNGHINN W. PREST		REIGN COUNTRY)			SA	WIDOV		ED A	llegany		MD
3	A H A H A H A H A H A H A H A H A H A H		ty or town of Di LaVale		17 But	ility, give street adore chanan Av	enue	HER INSTITUTION	FOR MOST OF WORKEN electrical	NG LIFE)	OR INDUS electri	TRY
21201	IF ANY DELY 2, AND 3 TO 3. RETAIN P SHOULD BE IL RECORDS		AL RESIDENCE (# IN P	[13b. COUNT	eather institution, give Y egany	13c. CITY OR TOW LaVale	N	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS	s anan Aven	ue/21502	2
RE, MD.	NATAL II	14. F/	ATHER'S NAME FIRST	Melvin (C. Wright	MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE			terson	LAST SON		
BALTIMORE,	JRS AFTER DE S. GIVE PAGE WITH FORM C. PAGES 1 A DIVISION OF		VAS DECEASED EVE ES, NO, OR UNKNOWN) NO	R IN U.S. ARM (IF YES, GIVE W		214- 05		Mrs. Gert	rude Wright	t. LaVale	. MD - v	wife
201 WETTERSTON ST.,	EXECUT DAY IN A HOUNG	Z.	Conditions, if gave rise to cause (a) static lying cause las	ony, which immediate immediate img the under-	E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A	A.S.C.V. AS A CONSEQUEN AS A CONSEQUEN	CE OF	C.O.P.D.	iRT 1 (a.		APPROXIMA BETWEEN ONS	ATE INTERVAL
TAL REC	SOUL SED SED SED SED SED SED SED SED SED SED	CERTIFICATION	190 DATE OF OPE	RATION	196 CONDITI	ON FOR WHICH O	PERATION V	VAS PERFORMED?	150 00		20 AUTOPS	
DIVISION OF VITAL RECORDS,	CERTIFICATE SHADED THE WORDED TO THE CORE 3 SHOULD BE EDEPARTMENT (CORE TO BUILD BE COME TO BUILD BU		21a EXTERNAL CA UNDERLYING CONTRIBUTING	OR	EATH P.M.	MONTH DAY Y	EAR 21c H	OW INJURY OCCURRE	ED LENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR P.		110 [
DIVIS	A A A A A S	MEDICAL	WHILE OCCU		21e PLACE O STREET, FACTO	F INJURY (AT HOMO DRY, FARM, ETC.)		STREET	CITY OR TOWN	, co	OUNTY	STATE
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: P AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		22a I certify the death resulted from ACTUAL SIGNATURE EXAMINER'S NAM (TYPE OR PRINT)	n: Natura	Francisco	Accident .	Suicide A	Homicide	Undetermined man	DATE NER SIGN	1-27-	-1987
	BP	(:	URIAL CREMATION SPECIFY) BUTIA UNERAL DIRECTOR NAME JAMES F.	1	01-29-198 111, Cumb	7 Frost	ourg Me		23d TOCATION CITY OF TOWN FOSTB	ura Alle	egany M	STATE
	15AA 2/80	-		- Jan Po	,	unite		JANO	901 700	A PART PROPERTY	A COM	3



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST		MODLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	R P	
	JIVPE	OR PRINT)	Bertha	a	P. Y	oungl	blood		01	01 87	7:2	.8 _M	
	3 SEX	(4. RACE		5 DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHOAY)	IF UNDER I YEA	R FUNDER	24 HRS	
		Female		White		Aug	. 20°, 1899°	87	YRS.	MONTHS DAYS	HOURS	MIN	
1/2		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNT	Y OF DEATH			
7		aryland	Cr.	USA		WIDOWE	DIVORCED	Allega	iny			MD.	
7	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSING		OR OTHER INSTITUTION	12a USUAL OCCUPA			D OF BUSINESS OR		
	-	umberland		Lions N	lanor Nurs	sing	Home	Housewif			Own Ho	ome	
1		AL RESIDENCE IN P	13b COU		GIVE RESIDENCE BEFORE		1 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP COD	DE Z	211	1-1-	
2		laryland	All	egany	Oldtown	n	YES NO K	none		0	91000		
7	III FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME			AST		
		Charles	Breig	hner				garet Schu	ttle				
1		VAS DECEASED EN			166 SOCIAL SECUP	RITY NO.	17 INFORMANT ADDRESS						
1	()	no or unknown	(IF YES, GIV	232-96-6484			Mrs. Doroth	Mrs. Dorothy Youngblood, Oldtown, Md.					
`		IS CAUSE OF DE	ATH Enter a	ly ane cause per	line for Ian (b), and	lici	1	1		APPRC BETWEET	NIMATE INTER	VAL	
		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Cerebro Vascular accident											
		15-75	IMMEDIA										
		DUE TO, OR AS A CONSEQUENCE OF											
		Conditions, if any, which (b)											
		cause (a), st underlying ca	ating the	DUE TO, O	R AS A CONSEQUE	NCE OF							
		onderlying co	030 1031	((c)									
	Z O	PART 2 OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN Unique Was to the Character of the Ch								IVEN IN PART 1	la .		
2	CERTIFICATION	19a DATE OF OPE		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY?	20b. IF YE	ES, WERE FIND	INGS USED	,	
7	윤				V		0	YES TO NOT	IFYING CAUSE				
_	E	210 ACCIDENT WAS	INDENIANC E	7 216 TIME O	F IN LINEY		Tab. Moss Bulling occupa	ES NO					
1		OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE						
	MEDICAL	21d INJURY OCC		P.M. 1			211 LOCATION		177				
	ME	WHILE NO			EET FACTORY, OFFICE, FA	RM ETC)	STREET	CITY OR I	COUNTY	12	TATE		
		220.1 certify that	(I) (this hosp	ital) attended the deceased from 12 -			5 19.86			1987	that (I) (w	ve) lost	
	1	saw the dec	eased alive an	12 -1					date and ha	ivi and fram th	(. (.,	
		226. SIGNATURE	1.	0			DEGREE	77t. DAT	ESIGNED				
		V. A . 1	A. Kanuthan				ATTENDING PHYSICIAN F	MEDICAL STA	AFF ICIAN []	11-2	2-87	, , , ,	
1		22d. PHYSICIAN'S	NAME TYPE	OR PRINT)			22e ADDRESS						
/		V. A. F	lanjith	an, M. I).		L.M.NH Seto	n Drive Ext	. Cum	berlan	d, MD2	21502	
	230 B	URIAL, CREMATIC	N, REMOVAL	-			EMETERY OR CREMATORY	23d LOCATION	D. Crae	COUNTY		TATE	
		Burial		Jan.5	, 1987 Ca	mphi:	11 Cemetery	Old town	Alle	gany l	Md.	ATE	

DHMH - 16 60M 7/84

24 FUNERAL DIRECTOR (VRA 15, 4)

James F. Scarpelli, Cumberland Md.21502

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Sinder &

